

**CITY OF BALTIMORE**

**HEALTH DEPT.**

**BUREAU OF VITAL STATISTICS**



# DEATHS

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HP 23007



CITY HALL  
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE  
RECORDS MANAGEMENT DIVISION

## DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT  
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE  
DEPARTMENT OF Health BUREAU OF Vital  
Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS  
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-  
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-  
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION  
NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN  
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR  
ON JUNE 4, 1954.

## REQUEST FOR RETENTION PERIOD

Authorization No.

345

Department:

Health

Bureau:

Vital Statistics

To: Records Management Officer,  
Room 408, City Hall, Baltimore, 2, Md.

## Record Identification

1. TITLE: <b>Certificate of Death</b>		2. Form No. If available	3. Type—(cards, paper, etc.) <b>Bound Book</b>
4. Dates	5. Volume accumulated yearly	6. Size of Record <b>Misc.</b>	7. Number of copies made <b>One (1)</b>
8. Authorization Requested (check only one (1) of the squares below)			
A. Establish retention period for records which are accumulating daily. <input type="checkbox"/>		B. Dispose of present accumulation, no additional accumulation anticipated. <input type="checkbox"/>	C. Microfilm and destroy originals. <input type="checkbox"/>
D. Microfilm and retain originals for length of time indicated below. <input checked="" type="checkbox"/>			
9. Recommended Retention Period		10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
a. In Dept. <b>12 yrs.</b>	b. In Storage Center <b>Micro. Perm.</b>	c. Total <b>12 yrs. and Micro. Perm.</b>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)			

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes. Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

Title: Commissioner of Health

Date

Robert E. Farber, M.D.

3/28/63

## Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept. <b>12 yrs.</b>	b. In Storage Center <b>Microfilm Permanent</b>	c. Total <b>12 yrs. and Microfilm Permanent</b>	A. To be sold as scrap or waste paper <input type="checkbox"/>	B. To be Burned or shredded <input checked="" type="checkbox"/>	C. Historical, (to be transferred to Dept. of Legislative Reference.) <input type="checkbox"/>

## REMARKS:

2 negative Public  
+ 1 positive for hospital

Records Management Officer

C. P. Force

3/29/63

## APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER  
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE



# **NOTICE**

**The succeeding documents  
were received in the same  
condition and microfilmed  
as shown.**

**Every effort was made to  
assure legibility and com-  
pleteness.**



Permit No. 41225-45225 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *Jan 1*  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sandra Drescher*  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, *23* Years, *11* Months, *29* Days.  
Color, *White*  
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }  
Occupation, *Bar.*  
Birthplace, { State or country (and how long in the United States, if of foreign birth.) }  
Duration of Residence in the City of Baltimore, *333 Franklin St.*  
Place of Death, { Give street and number. }  
Cause of Death, { First (Primary,) *Phthisis*  
Second (Immediate,) *One year* }  
Duration of Last Sickness, *One year*  
All the above information should be furnished by the Physician.  
Place of Burial, *Wolver*  
Date of Burial, *3rd January*  
{ Undertaker, *C. H. Blizzford*  
Place of Business, *197 Tenna Ave* }  
Address *257 Mad. Ave.*  
M. D. *St. M. Wilson*  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45226

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

# CERTIFICATE OF DEATH

Date of Death, January 1 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Steinert

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~27 3/4~~ Years, 3 8 Months, Days.

Color, ~~White~~ Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Washwoman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 21 years

Place of Death, { Give street and number. } 201 N. Lehigh St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Post Partum Hemorrhage (midwife in attendance)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 3, 1881

{ Undertaker, Charles H. White

{ Place of Business, 35 Granby St

Geo. D. Dayles M.D., Medical Attendant.

Address, 222 N. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

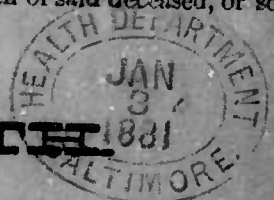
[OVER.]

Permit No. 45227

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, January 3, 1881

Full Name of Deceased, William J. Snowden { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 4 Years, 0 Months, 0 Days.

Color, Black

Married, Single, Widow or Widower, Single { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, Baltimore { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, ✓

Place of Death, 75 Leadenhall St. { Give street and number. }

Cause of Death, { First, (Primary.) Phthisis  
Second, (Immediate.) Asthenia }

Duration of Last Sickness, ✓

All the above information should be furnished by the Physician.

Place of Burial, X Sharp Cemetery

Date of Burial, Jan 4th 1881

Undertaker, Geo. H. Perkins & Co

Place of Business, 130 Henrietta St.

Medical Attendant, W. S. Booz M.D., Address, 206 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 45228

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Chase -

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 24 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } # 316 Montgomery St

Cause of Death, { First, (Primary.) Intemperance & Exposure - Second, (Immediate.)

Duration of Last Sickness, about 8 hours.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Jan. 3rd 1881 S. A. Bell M.D.,

{ Undertaker, Geo. H. Perkins & Co. Corner 2d Dist

{ Place of Business, 130 Bennett St Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



Permit No. 45329

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, January 2, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Brady

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 87 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } 109 1/2 N. Howard St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Old age  
Shock from a fall

Duration of Last Sickness, Seven weeks.

All the above information should be furnished by the Physician.

Place of Burial, Union B. C. C.

Date of Burial, Tuesday Jan 4 1881

Undertaker, Conrad Buntel

Place of Business, 1060 Union Ave

M. White M.D.,  
Medical Attendant.

Address, 347 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

Respectfully Invited

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH

Date of Death, Jan 2<sup>nd</sup> 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Schmidt

Sex, Male or Female, { cross out the word not required in this line. }

Age, 38 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number } 22 Washington corner

Cause of Death, { First, (Primary.) Second, (Immediate,) } Pneumonia  
Purpura

Duration of last Sickness, about 4 years

All the above information should be furnished by the Physician.

Place of Burial, Northwood Cemetery

Date of Burial, Wednesday Jan 4<sup>th</sup> 1889

Undertaker, Wm. H. H. H. H.

Place of Business, 1000 S. E. H. H. H.

Wm. H. H. H. M. D.  
Medical Attendant.

Address, 95 S. Sharp St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

is Respectfully Invited

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Pollard

Sex, Male or Female, { cross out the word not required in this line. }

Age, 7 Years, 70 Months, 70 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 108 Enoch St.

Cause of Death, { First, (Primary.) Scarlatinal Nephritis  
Second, (Immediate,) 10 days }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 3rd 1881

Undertaker, Wm. W. Means

Place of Business, 45 N. Gay St. Address, \_\_\_\_\_

M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Pollack

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 35 Years, 5 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Labourer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Since Youth

Place of Death, { Give street and number } 139 Ridgely St.

Cause of Death, { First, (Primary.) } Phthisis  
{ Second, (Immediate,) } Congestion of lungs

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 4th 1881 J. R. Uhler M. D.  
Medical Attendant.

{ Undertaker, Adam Weidemeyer }

{ Place of Business, 578 1/2 W. Baltimore St. Address, 234 W. Fayette St. }

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan'y 3<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Carter

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, thru Years, 7 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 94 Block st

Cause of Death, { First, (Primary.) Second, (Immediate,) } Scarlet fever

Duration of last Sickness, thru days

All the above information should be furnished by the Physician.

Place of Burial, H. Peters Cemetery

Date of Burial, Jan'y 5<sup>th</sup> 1881

Undertaker, C. E. Rhoads

Place of Business, 269 Canton Av. Address, 12 S. Eden st

L. O. Hinkley M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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Permit No. 4

Office of

Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

#45234



# CERTIFICATE OF DEATH

Date of Death,

1<sup>st</sup> January 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Marguerite Rice

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

21 Hill

Cause of Death, { First, (Primary.) }

Intussusception

{ Second, (Immediate.) }

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cem.

Date of Burial,

Jan 4<sup>th</sup> 1881

H. W. Weisheit

M.D.,

Medical Attendant.

{ Undertaker, D. M. Strong & Co.

{ Place of Business, #283 North

Address, 57 Banner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45235

OFFICE OF THE REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 2d 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katie Nolan

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 11 Years, 11 Months, 9 Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 198 Greenmount Ave.

Cause of Death { First, (Primary.) General Paralysis, Rheumatic Meningitis, Second, (Immediate,) Acute Bronchitis

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Jan 4th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Address, 92 N. E. Ave.

Alfred Vanstout M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



is Respectfully Invited to the Registrar of this Certificate.

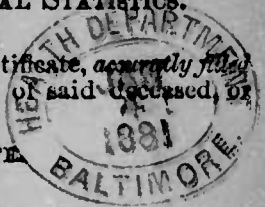
## Board of Health, City of Baltimore,

Permit No. 45236

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



### CERTIFICATE OF DEATH.

Date of Death, January 1<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Robinson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 10 Months,    Days.

Color, red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,   

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, { Give street and number } Morris alley court near Biddle

Cause of Death, { First, (Primary.) Cold drops Second, (Immediate,) drops }

Duration of last Sickness, about 5 months

All the above information should be furnished by the Physician.

Place of Burial,  Laurel Green

Date of Burial, Jan 4<sup>th</sup> 1881

{ Undertaker, John T. Scrivener

{ Place of Business, 271 N. Euston St Address, 64 N. Penn St

W. H. Hammond M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 3-1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaiah Jones.

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 40 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 1/2

Place of Death, { Give street and number } 41 Stockholm St

Cause of Death, { First, (Primary,) Second, (Immediate,) } Consumption 1 year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Jan 3-1881

Undertaker, Fred. Kerchner

Place of Business,

James H. Stearns M. D.  
Medical Attendant.

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

At 6 Geo C Brown

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45238

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Dec 31 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Richard Collins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Stock Driver

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

Pratt St near Payson St

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Exposure

Duration of Last Sickness, day or two

All the above information should be furnished by the Physician.

Place of Burial, West End Cemetery

Date of Burial, Jan 1/89

Alexander Forsley M.D.  
Medical Attendant.

{ Undertaker, W. Kerchner

{ Place of Business, 50 Hamilton Ave

Address, Corner

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No.

45239

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

# CERTIFICATE OF DEATH



Date of Death,

Dec 31

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John H. Lyons

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

5

Months,

Days.

Color,

Caucas

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

City Laborer

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

2 Brewster

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Febrile

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

West Public Cemetery

Date of Burial,

Jan 1/80

{ Undertaker,

W. H. Schumacher

{ Place of Business,

50 Hamilton

Alexander Smiley

M.D.,

Medical Attendant.

Address,

Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 445240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Jan. 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Shay

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 63 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland. Boyes

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number } 17 Market St. No. 17

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate,) Asphyxia }

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, January 2

Undertaker, Patrick Mullin

Place of Business, \_\_\_\_\_

Address, City Hospital

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 145241

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 3<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, 2, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt - City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } St Vincent's Infant Asylum

Cause of Death, { First, (Primary.) Marasmus }  
 { Second, (Immediate.) Asthenia }

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Broo

Date of Burial, Jan 5 - 1881

Medical Attendant, M.D.,

{ Undertaker, Dr. Brammigan }

{ Place of Business, 156 Division St. } Address, 60 N. Calver St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45242

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 3, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Institution 2 weeks

Place of Death, { Give street and number. } St Vincent's Infant Asylum

Cause of Death, { First, (Primary.) Marasmus  
Second, (Immediate.) Hydrocephaloid }

Duration of Last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Roman Cross

Date of Burial, Jan 5, 1881

{ Undertaker, Dr. Primm

{ Place of Business, 156 Division St Address, 68 W. Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. *145-243*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said *deceased*, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



# CERTIFICATE OF DEATH

Date of Death, *Jan 2nd 1881*

Full Name of Deceased, *John Michael* Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, *Male* Cross out the word not required in this line.

Age, *5* Years, *9* Months, *1* Days.

Color, *White*

Married, Single, Widow or Widower, *Married* Cross out the word not required in this line.

Occupation, *Laborer*

Birthplace, *Ireland* State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *20 Years*

Place of Death, *No. 13 St. Lawrence St.* Give street and number.

Cause of Death, *Apoplexy* First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, *One Week*

All the above information should be furnished by the Physician.

Place of Burial, *Cross Belts Co.*

Date of Burial, *Jan 4 1881*

Undertaker, *M. A. Dyer*

Place of Business, *74 S. Broadway*

Address, *74 S. Broadway*

*J. C. M.D.*  
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*Trans. 2017*

*Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *personally filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *and deceased, or* sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



# CERTIFICATE OF DEATH.

Date of Death,

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the words not  
required in this line. }

Age, 24 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

*Color,*

~~Married, Single, Widow or Widower,~~ { Cross out the words not  
required in this line. }

Occupation,

*Birthplace.* { State or country (and how  
long in United States, if  
of foreign birth.) }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and  
number. }

*Cause of Death,* { First (Primary,).....  
                                  { Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 4. 1881

(Undertaker, M. B. Sarger)

Place of Business, 74 S. Broadway

Chas. Woolf M.D.  
 Corner E D Medical Attendant.  
 Address, 67 B'alto St

*Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 145 245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 2 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant, not named, give names of parents. } John Bond

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 24 Years, 4 Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 7 Camden Lane

Cause of Death, { First, (Primary.) Pulmonary Consumption  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick

Date of Burial, Jan 4 - 1881

Undertaker, C. F. Krause

Place of Business, \_\_\_\_\_ Address, 283. W. Lombard St

Edw. F. Nicholson M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



Permit No. *45246*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.



Date of Death,

*January 1<sup>st</sup> 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Wm E. Carey.*

Sex, Male or Female,

Cross out the word not required in this line.

Age,

*8* Years,

Months,

Days.

Color,

*White*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Balto City*

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

*N. of Sharp St*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Scarlet Fever*

Duration of Last Sickness,

*2 days*

All the above information should be furnished by the Physician.

Place of Burial,

*St Peters*

Date of Burial,

*Jan 4<sup>th</sup> 1881*

*R. J. H. Tall* M.D.,  
Medical Attendant.

Undertaker,

*C. R. Krause*

Place of Business,

*209 Hanover*

Address, *152 Sharp St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Registrar below, and to the fact that the death of every person who dies in this city must be reported to the Registrar within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

## Board of Health, City of Baltimore,

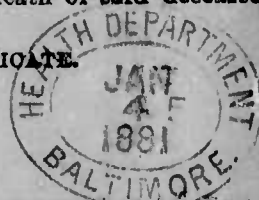
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45 247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Jan 1st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Birtz

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, — Years, — Months, 11 Days.

Color, Cal

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. ) } Maryland

Duration of Residence in the City of Baltimore, Travis

Place of Death, { Give street and number } 38 1/2 St Marys St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Spasms

Duration of last Sickness, Don't know

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 4th 1881

{ Undertaker, Wm J Gray } W W Antin M. D. Medical Attendant.

{ Place of Business, 65 Mulberry St } Address, 192 Pearl St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OV 411.]

Permit No. 45248

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, January 1, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth C. Saylor.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 Years, Months, Days.

Color, *br*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Laurel, Penna

Duration of Residence in the City of Baltimore, 38 years

Place of Death, { Give street and number. }

54 St Paul St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Hemorrhage - general failure of heart  
Dementia

Duration of Last Sickness, Two months after a year of bad health

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 4<sup>th</sup> 1881

{ Undertaker, *Wm. J. H. H. H.*

{ Place of Business, *16 Light St*

Richard L. Saylor, M.D.,  
Medical Attendant.

Address, 189 N. Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 2, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Becker

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, Months, 22 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death { First, (Primary.)  
Second, (Immediate.) } Erysipelas  
Septicemia  
4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, Jan 3 1881

Undertaker, William H. Morgan

Place of Business, No 62 East Street Address, 215 N. Carrollton

John J. H. M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 45250

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

3d Jan - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Scott

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age,

24

Years,

Months,

Days.

Color,

Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Married

Occupation,

Housewife

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Carroll Co Md

Duration of Residence in the City of Baltimore,

20 years

Place of Death, { Give street and number. }

4 Vine St

Cause of Death,

First, (Primary.)

Consumption

Second, (Immediate.)

4

Duration of Last Sickness,

5 months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

January 4th 1881

{ Undertaker,

Charles A White

{ Place of Business,

35 Granby St

Address,

Cor Penn & Fayette

Thomas Opi M.D.  
for Dr J. J. Willstine M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 457257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan. 2<sup>nd</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John A. Lufman

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 3 Months, 3 Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 55 Phinia St.

Cause of Death { First, (Primary.) Bronchitis. Second, (Immediate,) }

Duration of last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Jan 4 1887

Undertaker, F. A. Kerchner

Place of Business,

Address, Luthan Dispensary

Julius Hall M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Buchanan Hewson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 Years, 3 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 665 W Lombard St

Cause of Death { First, (Primary.) Lobular Pneumonia  
Second, (Immediate.) 2 Weeks. }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cem.

Date of Burial, Jan. 5<sup>th</sup> 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St Address, 26 S. Paca St

M. D.  
Medical Attendant,

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 45253

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, *Jan. 3<sup>rd</sup> 1881*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Caroline Platt*

Sex, Male or Female, Cross out the word not required in this line. *Female*

Age, *9* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the word not required in this line. *Single*

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. *Balto City*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, Give street and number. *14 Fountain St.*

Cause of Death, First, (Primary.) *Furious Intermittent Fever*  
Second, (Immediate.) *Coma*

Duration of Last Sickness, *About twelve (12) hours*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Co.*

Date of Burial, *January 11<sup>th</sup> 1881*

Undertaker, *W. M. Gibbons*

Place of Business, *No 341 Center an*

Address, *77 S. Broadway*

*G. L. Williams M.D.,*  
 Medical Attendant.



Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

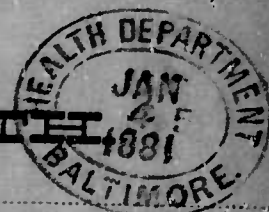
[OVER.]

Permit No. 45254

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



# CERTIFICATE OF DEATH

Date of Death, Jan 2<sup>nd</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo & Ida Vockrott

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,        Years,        Months, 10 Minutes        Days       

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 283 N. Bond St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Convulsions ✓

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 4<sup>th</sup> 1881

Undertaker, Adam Fink

Place of Business, Gay St

James H. Lewis M.D.,

Coroner of Health

Address, Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. P. Smith [OVER]



Permit No. 45255

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, December 31, 1900

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence G. Ross

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 34 Years, 7 Months, Days.

Color, Mulatta

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City, Md.

Duration of Residence in the City of Baltimore, 13

Place of Death, { Give street and number. } 11 Stockholme

Cause of Death, { First, (Primary.) } Phthisis Pulmonalis  
{ Second, (Immediate.) } Gross Hemorrhage

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 4

J. M. D. Glad M.D.,  
Medical Attendant.

{ Undertaker, Hercules Ross

{ Place of Business, 75 Conway St

Address, 165 Piquette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45256

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, Jan 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Robinson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 37 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, { Give street and number. } City Hospital.

Cause of Death, { First, (Primary.) Pneumonia - Second, (Immediate.) Exhaustion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 4th 1881

H. B. Dodge M.D., Medical Attendant.

{ Undertaker, P. Muller

{ Place of Business, C. S. P. Pk ave Address, City Hospital.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

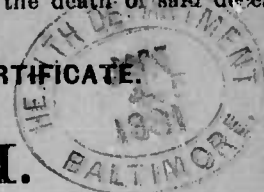
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 3<sup>rd</sup> 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Jacob Binder  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, 12 Years, 1 Months, 18 Days.  
Color, White Sex, Male  
Manned, Single, Widow or Widower, { Cross out the words not required in this line. } Single  
Occupation, School boy  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City  
Duration of Residence in the City of Baltimore, whole life  
Place of Death, { Give street and number. } 56 Brune St  
(unknown)  
Cause of Death, { First (Primary,) Cerebral Effusion  
Second (Immediate,)  
Duration of Last Sickness, only 8 hours after my visit - was reported to have fainted  
All the above information should be furnished by the Physician.  
Place of Burial, Western Cemetery  
Date of Burial, Jan 5<sup>th</sup> 1881  
Undertaker, Johann G. Kohlberg Address 47 Edmondson ave  
Place of Business, Franklin St  
Jas. E. Gibson M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 45258

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, January 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lipman Cotton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 56 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Merchant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 23 Clarke st

Cause of Death, { First, (Primary.) } Bright Disease  
 { Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ball's Bluff Cemetery

Date of Burial, January 4<sup>th</sup> 81

{ Undertaker, J. C. Mayer } Alexander Tinsley M.D.,  
 { Place of Business, 106 N. Howard } Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, January 3rd 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha B. Adams

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 5 Years, 10 Months, 0 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Baltimore

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 1/2 10 m

Place of Death, { Give street and number } 8 D Hill St

Cause of Death { First, (Primary.) Muscles  
Second, (Immediate,) Consumption

Duration of last Sickness, 1 m

All the above information should be furnished by the Physician.

Place of Burial, R. S. Clark Sec. Cemetery

Date of Burial, Jan 4 1886

Undertaker, J. H. Clark

Place of Business, 27 W. Hill St Address, 158 N. Eutaw St

J. A. Gilliss M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 45260

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, Jan 2nd 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Cain  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, 36 Years, — Months, — Days.  
Color, Colored  
Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single  
Occupation, Barber  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } 36 y  
Duration of Residence in the City of Baltimore, 26  
Place of Death, { Give street and number. } 26 Josephine St -  
Cause of Death, { First, (Primary.) Phthisis Pulmonal  
Second, (Immediate.) Asphyxia }  
Duration of Last Sickness, 4 wks  
All the above information should be furnished by the Physician.  
Place of Burial, Samuel Greening  
Date of Burial, Jan 4 1881  
{ Undertaker, Wm. F. Bishop Jr.  
Place of Business, 97 South Hiller }  
Address, Wm. & Mulberry  
M.D., Wm. H. Huggest  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Jan. 1st. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Augusta C. Netter

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, one Year, nine Months, Days.

Color, Colored Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 53 Jenkins Alley

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 53 Jenkins Alley

Cause of Death, { First (Primary,) Meningitis  
Second (Immediate,) }

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 4 1881

{ Undertaker, Wm. J. Keeshoe  
Place of Business, 97 Union Hill av

Address 41 Orchard St.

W. H. Thompson, M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45262

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



# CERTIFICATE OF DEATH

Date of Death, Jan 4 1881

Full Name of Deceased, John Flynn  
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Male  
Cross out the word not required in this line.

Age, 3 Years, 3 Months, Days.

Color, white

Married, Single, Widow or Widower, ☒ Single  
Cross out the word not required in this line.

Occupation, ☒ None

Birthplace, Maryland  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 51 E Madison St

Place of Death, Acute Diphtheria  
Give street and number.

Cause of Death, Diphtheria  
First, (Primary.) Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, Jan 4 1881

Undertaker, James P Byrne

Place of Business, 134 N Front St

Medical Attendant, Saml J Bell M.D.

Address, 134 N Front St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

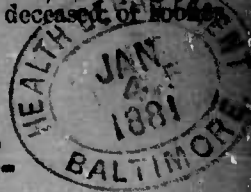
[OVER.]

Permit No. 45263

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



**CERTIFICATE OF DEATH.**

Date of Death, January 2<sup>nd</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Gabriel Jefferson

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 50 Years, — Months, — Days.

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number. } # 28 Winter St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Incompetence  
Exposure

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Wes Public Cemetery

Date of Burial, Jan 3<sup>rd</sup> 1881

{ Undertaker, J. A. Richter

{ Place of Business, 50 S. Carrollton Ave.

Robt Bell M.D.,  
Medical Attendant  
Coroner in Dist  
Address, 151 So. Sharp St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

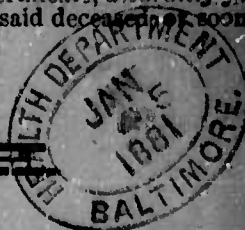


Permit No. 45264

## Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

January 3<sup>d</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Margaret A. Hopkins

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

69 Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Eastern, Talbot Co. Md.

Duration of Residence in the City of Baltimore,

9 months

Place of Death,

Give street and number.

501 N. Liberty St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Paralysis &amp; Exhaustion

Duration of Last Sickness,

11 years.

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cem.

Date of Burial,

Dec 4 1880

R. J. N. Tall M.D.,

Medical Attendant.

Undertaker,

Wm. H. Hickman

Place of Business,

294 N. Gay St.

Address,

152 N. Sharp St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

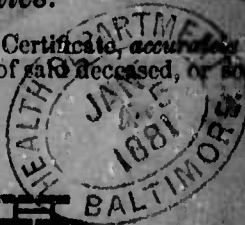
[OVER.]

Permit No. 45265

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, Jan 3 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes Glantz  
Sex, Male or Female, { Cross out the word not required in this line. } Female  
Age, 3 Years, Months, Days.  
Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Diphtheria - Diphtheritic Croup.  
Second, (Immediate.) Asphyxia

Duration of Last Sickness, About ten (10) days

All the above information should be furnished by the Physician.

Place of Burial, St. Petrus Cemetery

Date of Burial, Jan 5 1881

Undertaker, Leonard V. Perry

Place of Business, St. Paul's Church

G. L. Wilkins M.D.  
Medical Attendant.

Address, 114 St. Paul Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

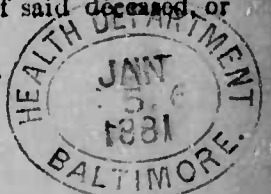
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 30 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Royal Grayson Mallon

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 6 Years, 22 Months, 22 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pikesville Baltimore

Duration of Residence in the City of Baltimore, one year

Place of Death, { Give street and number } Patterson Avenue

Cause of Death { First, (Primary,) Diphtheria, Scarlet Fever

{ Second, (Immediate,) }

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Pikesville Md

Date of Burial, Jan 31 1881

Undertaker, W. L. Pickner

Place of Business,

Address, Leister & Painter

M. D. L. H. Jones Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



Permit No. 45267

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, January 4, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richd. L. Lomack

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } 103 Orchard St. Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 103 Orchard St.

Cause of Death, { First (Primary,) Tuberculosis  
Second (Immediate,) Phthisis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 5 1881

Undertaker, Hemley & Madden

Place of Business, #116 Orchard St

J. Carey Thum M. D.  
Medical Attendant.

Address 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan'y 3

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah E. Case

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. } Female

Age, 10 Years, Months, 3 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ☒ Single

Occupation, ☒ None

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, 10 yrs 3 dys

Place of Death, { Give street and number. } 249 S. Eutaw St.

Cause of Death, { First (Primary,) Diphtheria  
Second (Immediate,) 3 days

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan'y 3 1881

{ Undertaker, Geo W. Perkins & Co  
Place of Business, 130 Henrietta St

Address, Hammond Barr St

R. C. Lee M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

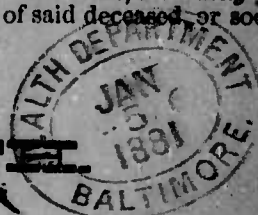
[OVER.]

Permit No. 45269

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, Jan 3, 1881  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank W. Evers  
 Sex, Male or Female, { Cross out the word not required in this line. }  
 Age, Two Years, 2 Months, Days.  
 Color, White  
 Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
 Occupation,  
 Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore city  
 Duration of Residence in the City of Baltimore, Since birth  
 Place of Death, { Give street and number. } 229 Pierce st  
 Cause of Death, { First, (Primary.) } "Scarlett Fever"  
 { Second, (Immediate.) }  
 Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter's cemetery  
 Date of Burial, Jan 5 1880  
 { Undertaker, Jas. B. Scott }  
 { Place of Business, No 707 N. Baltimore street } Address, 584 W. Hazlett St  
 { Medical Attendant, J. H. Smith M.D. }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 45270

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death,

Philip Miller January 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Philip Miller

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

62

Years,

Months,

Days.

Color,

white

~~Married, Single, or Widower,~~

Cross out the word not required in this line.

Widower

Occupation,

Sailor -

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Bavaria, Germany

Duration of Residence in the City of Baltimore,

26 years.

Place of Death,

Give street and number.

33 N. Paco St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Consumption

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Church

Date of Burial,

January 5th

Undertaker,

P. Miller

Place of Business,

St. N. Paco St

Address,

Cor Paco & Fayette

Dr Thomas Opie  
for Dr J. J. Wiltshire M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45271

Office of Registrar of Vital Statistics.

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No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, January 30 1881

Full Name of Deceased, Emma Meyer  
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Female  
Cross out the word not required in this line.

Age, 11 Years, 8 Months, 18 Days

Color, White

Married, Single, Widow or Widower, Single  
Cross out the word not required in this line.

Occupation, None

Birthplace, Baltimore City  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, 254 E. Charles St.  
Give street and number.

Cause of Death, Capillary Bronchitis  
Asphyxia  
First, (Primary)  
Second, (Immediate.)

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Gardnersville Balto.

Date of Burial, Jan. 31, 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Bay St. Address, 234 N. Bay St.

Medical Attendant, J. W. Fisher M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45272

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death,

Jan 4. 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Miee Apple

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

1 Years,

7 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

34 V. Chappel

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Croupous Pneumonia

Asphyxia

Thirteen days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

Jan 6 1881

Undertaker,

Henry Vain

Place of Business,

Alicanna st.

G. G. Gaudin M.D.,

Medical Attendant.

Address,

Balt. & Wash. D.C.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 45273

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, *January 4th 1881*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Deannelle Reiman*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *3* Years, *2* Months, *29* Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. *Baltimore Md.*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, Give street and number. *No 207 W. Lombard St.*

Cause of Death, First, (Primary.) *Scarlatina*  
Second, (Immediate.) *diphtheria*

Duration of Last Sickness, *8 days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *Jan 5th 1881*

Undertaker, *Sammy A. Mitchell*

Place of Business, *350 W. Fayette St.* Address, *No 207 W. Lombard St.*

*Pembroke M. Womble* M.D.,  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

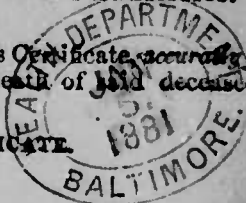
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, January 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ella Naomi Bennet

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 227 Hudson St

Cause of Death, { First, (Primary.) Gangrene - Improper attention to the umbilicus after the birth of this child seems to have been the cause of a large inflamed and gangrenous sore surrounding the umbilicus  
Second, (Immediate,) About ten days

Duration of last Sickness, About ten days  
All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Dec 31 80

Undertaker, Fry & Co

Place of Business, 57 W Broadway

E. J. Williams M. D.  
Medical Attendant.

Address, 17 Palmyra St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 45275

## Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan 4 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles W. Dixon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years, 9 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Driver

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Rochester Co Md

Duration of Residence in the City of Baltimore, 18 yrs -

Place of Death, { Give street and number. } E. Winter St

Cause of Death, { First, (Primary.) Hypertrophy of the Heart  
Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 4 1881

{ Undertaker, Hercules Ross

{ Place of Business, 95 Conway

S. A. Bell M.D.,  
Medical Attendant.Cecilia S. D. Bell  
Address, 161 So Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



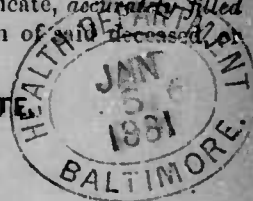
# DEATH OF MARY, City of Baltimore,

Permit No. 45276

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *and deceased* ~~and deceased~~ sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH.

Date of Death, *January 4<sup>th</sup> 1881.*  
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary M. Terry*  
 Sex, Male or Female, { Cross out the word not required in this line. } *Female*  
 Age, *2 1/2* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
 Color, *Colored* Sex, *F*  
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
 Occupation, \_\_\_\_\_  
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*  
 Duration of Residence in the City of Baltimore, *During life*  
 Place of Death, { Give street and number. } *167 Vine St.*  
 Cause of Death, { First (Primary), Second (Immediate). } *Pneumonia*  
*Epilepsy*  
 Duration of Last Sickness, *ten days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*  
 Date of Burial, *Jan 5 1881*  
 Undertaker, *Abraham Wayman* Address *10360 Lexington St.*  
 Place of Business, *13 Saratoga St.* *Balt. City*  
*John C. Harris M. D.*  
 Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

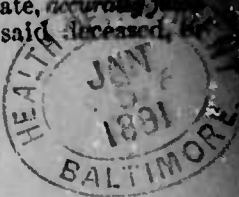
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ <sup>correctly</sup> ~~out~~, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan. 2<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georgella Cooper

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 11 Years, 11 Months, 11 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 211 Millikin St

Cause of Death { First, (Primary.) Second, (Immediate.) } Congestion of Brain  
convulsions  
6 hours

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Jan 5<sup>th</sup> 1881

Undertaker, Geo J. Roberts

Place of Business, 73 Jefferson St Address, 176 E. Baltimore St

Medical Attendant, Wm. N. Hall M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to cause a Certificate of Death to be made out, and to be presented to the Board of Health, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set out in the form annexed, containing as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

ANY & CO. CITY PRINTERS AND STATIONERS.

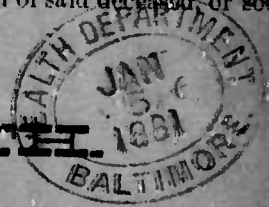
[OVER.]

Permit No. 45278

Office of Registrar of Vital Statistics,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, Jan 4th 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edw. Jefferson  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 35 Years, Months, Days.  
Color, Colored  
Married, Single, Widowed or Widower, { Cross out the word not required in this line. }  
Occupation, Dr. Lumberwage  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia  
Duration of Residence in the City of Baltimore, 20 yrs  
Place of Death, { Give street and number. } 90 Spiles St  
Cause of Death, { First, (Primary.) Syphilis }  
Duration of Last Sickness, abt 14 weeks  
All the above information should be furnished by the Physician.  
Place of Burial, Laurel Gr.  
Date of Burial, Jan 5th 1881  
Undertaker, Thos Lock  
Place of Business, 73 Jefferson St Address, 73 E Pratt St  
Geo. D. Kennemore M.D., Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 45279

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or~~ if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, Jan 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis Ristad Riddel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 80 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Farmer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany - 40 years in U.S.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 150 N Central Ave

Cause of Death, { First, (Primary.) Old Age & Hemiplegia  
Second, (Immediate.) Strangulation probable }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 7<sup>th</sup> 1881

{ Undertaker, George Schilling  
Place of Business, Ashland Square }

Edmund T. K. M.D.,  
Medical Attendant.

Address, Corner M & P St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

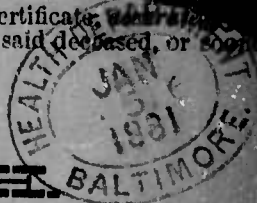
[OVER.]

Permit No. 45280

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, Jan 4<sup>th</sup> 1881  
Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Laura V. Powers  
Sex, ~~Male~~ or Female, Cross out the word not required in this line.  
Age, \_\_\_\_\_ Years, 2 Months, \_\_\_\_\_ Days.

Colored, ed

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, Give street and number.

Cause of Death, First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 5<sup>th</sup> 1881

Undertaker, Wm. N. Dugger  
Place of Business, East St. Address, Commissioner of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45281

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or soon after if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, Jan 3 - 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. Wilcox

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 Years, Months, Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, { Give street and number. } 70 Godmans. Alley.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem.

Date of Burial, Dec 6 1880.

Undertaker, Hercules. Ross.

Place of Business, Conway St

J. Amos Stearns, M.D.,  
Commissioner of Health  
and Registrar

Address, Conway St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

At 7 o'clock P.M.



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45282

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *Adult Deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 5 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Roseman L. Fisher

Sex, Male or Female, { cross out the word not required in this line. }

Age, 5 Years, 5 Months,    Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,   

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 320 Front-st.

Duration of Residence in the City of Baltimore,   

Place of Death, { Give street and number } 320 Front-st.

Cause of Death { First, (Primary,) Enteritis  
Second, (Immediate,) 5 days }

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Switzland York Co Pa

Date of Burial, Jan 6th W. B. Billings M. D.

Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Address, 256 E. John-st.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

Trans 4020

[OVER]

Permit No. 45283

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, Jan 24<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Pandergast

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 61 Years, Months, Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

asylum of the Little Sisters of the Poor, John and Valley Streets

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Rheumatism

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 26<sup>th</sup> 1881

{ Undertaker, Henry Schelthess

{ Place of Business,

Wm. Brooke Doyle M.D.,  
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45284

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

**CERTIFICATE OF DEATH**



Date of Death, January 4. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katherine Mahany

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, about 55 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Housekeeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 4 Arzyle Ave near Market

Cause of Death, { First, (Primary.) Second, (Immediate.) } Apoplexy

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Jan 6<sup>th</sup> 1880

{ Undertaker, Geo Saffran }

{ Place of Business, 121 Penna Ave } Address, \_\_\_\_\_

W. Christian M.D.,  
Medical Attendant.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 13283

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, Jan 4, 1880

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Rudha Schlegel

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 67 Years,

11 Months,

25 Days.

Color, white,

~~Married~~, Single, Widow or ~~Widower~~, Cross out the word not required in this line.

Occupation, Housewife

Birthplace, State or Country and how long in the United States, if of foreign birth. Balt. Germany

Duration of Residence in the City of Baltimore, Thirty-five years

Place of Death, Give street and number. 19 Shaker Street.

Cause of Death, First, (Primary) Carcinoma of Stomach  
Second, (Immediate.) Anger

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, S. Taylor Cemetery

Date of Burial, January 8, 1880

Undertaker, S. Bondi & Co. 233.  
Place of Business,

G. G. Luck M.D.,  
Medical Attendant.

Address, Balt. & Ind. St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45286

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

# CERTIFICATE OF DEATH



Date of Death, January 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henry A. Brannen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years, 10 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } None

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Eighteen

Place of Death, { Give street and number. } 131 Fort Avenue bet. Light & Charles St.

Cause of Death, { First, (Primary.) Natural { Second, (Immediate.) Ephemera }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Luthan Druidhill

Date of Burial, Jan. 6<sup>th</sup> 1881. J. S. Wiley M.D.,

{ Undertaker, Adam Weidemeyer

{ Place of Business, 518 W. Baltimore St. Address, 158 Green Luthan

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 4528

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, January 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter E. Rother

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 Years, 11 Months, 21 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 443 W. Balto. st.

Cause of Death, { First, (Primary.) Malignant throat fever  
Second, (Immediate.) three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, Jan. 6<sup>th</sup> 1881.

{ Undertaker, Adam Weidenmeyer.

{ Place of Business, 578 1/2 W. Balto. st. Address,

J. M. M. M. M. D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

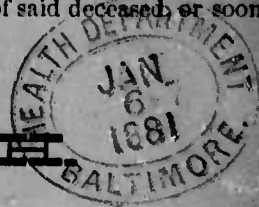


Permit No. 45288

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



**CERTIFICATE OF DEATH**

Date of Death, Jan. 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Giorgianna Cabot

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Two years

Place of Death, { Give street and number. } 62 N. Bond St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlatina  
Pyemia

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, AAC Mt

Date of Burial, Jan 8<sup>th</sup> 1881

Undertaker, Mr. Sanders

Place of Business, 6 Canton ave Address, 77 S. Broadway

G. L. Williams M.D.,  
Medical Attendant.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

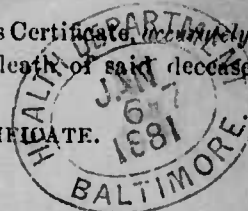
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *incorruptly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Jan. 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Magenhofner

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, Years, Months, 17 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 287 Para Street

Cause of Death, { First (Primary.) } Chasms  
{ Second (Immediate.) } 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, Jan 6 1881

{ Undertaker, L. A. Kerchner } Address, 406 Cross St.

{ Place of Business, S. Carrollton A } Medical Attendant, L. H. L. Salt M.D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45290

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



# CERTIFICATE OF DEATH

Date of Death, January 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Sommers

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Years, 5 Months, 13 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, lecty

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 203 Burgundy St

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) } Destitution  
Conjestion of Brain  
3 weeks

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 7th 1881

Undertaker, John Machor

Place of Business, Cameron & Pava

Geo A J Glass M.D.,  
Medical Attendant.

Address, 168 of Pa cap

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

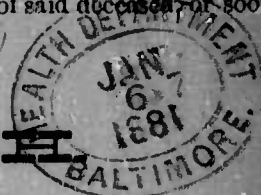


Permit No. 45291

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, January 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Leppincott

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 31 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 610 Lexington St.

Cause of Death, { First, (Primary.) } Pneumonia  
 { Second, (Immediate.) } Three (3) years

Duration of Last Sickness, Three (3) years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Jan 7th 1881

{ Undertaker, Denny & Mitchell

{ Place of Business, 550 N. Gay St. Address, 412 E. ...

Medical Attendant, J. C. ... M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

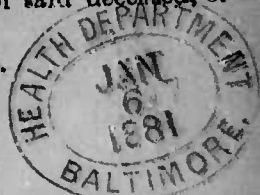
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Olarence Leungren Ball

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, Fourteen Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 708 Lexington St

Cause of Death { First, (Primary.) Second, (Immediate.) } Congestion of the Lungs

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park Cemetery

Date of Burial, Jan 6/81

Undertaker, Henry Mitchell

Place of Business, 50 N. Fayette St

Elias C Price M. D.

Medical Attendant.

Address, 262 Madison Ave

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katie V. Watts

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 Years, 8 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } Pertusa's & Marasmus

Cause of Death { First, (Primary.) 20 S. Chester St.  
Second, (Immediate,) Several Months

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jan'y. 6th, 1881

Undertaker, W. A. Haiger

Place of Business, 74 S Broadway Address, 2 N B Broadway

D. M. C. Atwell M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

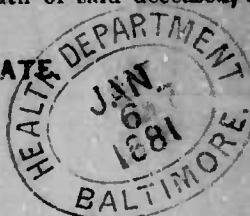


Permit No. 45294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, January 6<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Beechey

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 27 Years, Months, Days.

Color, White Sex, Female

Married, ~~Single~~, Widowed, or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During her life

Place of Death, { Give street and number. } No 13 Little Gough St

Cause of Death, { First (Primary,) Phthisis Pulmonalis  
Second (Immediate,) Eighteen months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Thomas Gappington M. D.

Date of Burial, Jan 8<sup>th</sup> Medical Attendant.

{ Undertaker, M. Clark & Sons Address 70 Centre St

{ Place of Business, 64 E. Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 2 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Hall

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 70 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, X X

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Charles E. Hall

Duration of Residence in the City of Baltimore, Six Months

Place of Death, { Give street and number } 168 Mulberry St

Cause of Death { First, (Primary.) Phthisis Pulmonalis. Second, (Immediate.)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, N. Perry & Co. Cemetery

Date of Burial, Jan 6 1881

{ Undertaker, Theo J. Locks

{ Place of Business, 78 Jefferson St Address, 299 E. Baltimore St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OTER]

Permit No. 45296

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH.

Date of Death, Jan 5

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. John Frederick Schler

Sex, Male or Female Cross out the word not required in this line.

Age, 37 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White Sex, \_\_\_\_\_

Married, Single, Widow or Widower Cross out the words not required in this line.

Occupation, Day Laborer

Birthplace, State or country (and how long in the United States, if of foreign birth.) Wittenberg Germany.

Duration of Residence in the City of Baltimore, 27 Year

Place of Death, Give street and number. Orlean St 81 No.

Cause of Death, First (Primary), Second (Immediate,) Pthisis Pulmonalis.

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Mathie Cem. John A. Schutte M. D. Medical Attendant.

Date of Burial, Jan 7, 1881.

Undertaker, J. D. Raring Address H & E Car Gough & Eden St.  
Place of Business, 97. Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan'y 6<sup>th</sup> 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant, not named, give names of parents. } Robly Howard

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 76 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 250 Columbia Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Gangrenous Ulcer of Leg  
Gradual Exhaustion

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan'y 7<sup>th</sup> 1880

{ Undertaker, } J. B. Cook

{ Place of Business, } 707 W. Baltimore St. Address, 814 S. Carrollton & Hudson Ave

John Neff M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 45298

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, January 7th 1881

Full Name of Deceased, William J. Ha  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 6 Years, 4 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the word not required in this line. }

Occupation, Teacher

Birthplace, Germany  
{ State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, 20 Mulberry St.  
{ Give street and number. }

Cause of Death, cardiac  
{ First, (Primary.) Second, (Immediate.) }  
dropsy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Burial

Date of Burial, January 7th 1881 John J. Blane M.D.,  
 Medical Attendant.

{ Undertaker, Wm. J. Fickner

{ Place of Business, 65 S. Eustace St. Address, 161 Packer

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

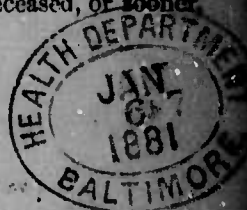
[OVER.]

Permit No. 45299

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner* if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**



# CERTIFICATE OF DEATH

Date of Death,

*Full Name of Deceased,*

Write legibly and spell correctly. If an infant not named, give names of parents.

*Sex, ~~Male~~ or Female,*

( Cross out the word not  
required in this line. )

*Age,*



*Years,*

*Months,*

*Days.*

*Color,*

# Black

~~Married, Single, Widow or Widower,~~

**Cross out the word not required in this line.**

Occupation,

*Birthplace,*

{ State or Country and how }  
{ long in the United States, }  
{ if of foreign birth. }

Dorchester Co. In a

*Duration of Residence in the City of Baltimore,*

15- June

*Place of Death.*

( Give street and  
number.

3- Karkasak alky

Cause of Death,

**First, (Primary.)**

Second, (Immediate.)

Chas. F. Johnson

Duration of Last Sickness,

96. *Handwritten signature*

**All the above information should be furnished by the Physician.**

Place of Burial.

Sharp, Cemetery

*Date of Burial,*

*Deep January 1890*

**M.D.,**

( Undertaker,

Samuel H. Harris

(Place of Business)

19th South Quay

Address, 146 Glenview St.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Barney Sampson

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Male

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 4 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

46 Tyson St  
Life

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

46 Tyson St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Spasms  
Life

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 7<sup>th</sup> 1881

James A. Stenning M. D.  
Medical Attendant.

Undertaker, Hensley & Madden

Place of Business, \_\_\_\_\_ Address, Comm of Health  
H Registrar

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dever & Kiss S. S. [OVER]

Permit No. 45301

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, January 4 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May E. Green

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 3 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Col

~~Married~~, Single, ~~Widow~~ ~~in~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Anne Arundel Co

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and number. } 180 Raborg Street

Cause of Death, { First, (Primary.) Second, (Immediate.) } Convulsions

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharps St. Cemetery

Date of Burial, Jan 6 1881

{ Undertaker,  William N. ...

{ Place of Business,  No 62 ...

W. H. ... M.D.,  
Medical Attendant.

Address, 616 W. Balt St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45302

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, January 4<sup>th</sup> 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Cain  
Sex, Male or Female, { Cross out the word not required in this line. } Female  
Age, 8 Years, 11 Months, 14 Days.  
Color, White Sex, Female  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single  
Occupation, None  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City - Md  
Duration of Residence in the City of Baltimore, 8 yr 11 mo 14 days  
Place of Death, { Give street and number. } 58 King St  
Cause of Death, { First (Primary,) Rheumatism Acute  
Second (Immediate,) Metastasis to the Heart  
Duration of Last Sickness, 2 Weeks  
All the above information should be furnished by the Physician.  
Place of Burial, St Peter's  
Date of Burial, January 7<sup>th</sup> 1881  
Undertaker, Joseph F Byrne Address 24 Columbia Ave  
Place of Business, 39 Liberty  
T. Edward Kirby M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 45303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 5th 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Henry White

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 69 Years, 7 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, Carpenter.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } Mid while being taken to his home

Cause of Death, { First, (Primary.) Second, (Immediate.) } Concussion of Brain - and probably fracture of Skull - from a fall.

Duration of last Sickness, Mid in 1 & a half hours.

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, Jan'y 8th 1888

Undertaker, John Lake

Place of Business, 161 E. Baltimore St

E. Jones Williams M. D.  
Medical Attendant.

Address, 17 Rutland St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 45304

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, January 6, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine E. Myers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Jan in Balt.

Place of Death, { Give street and number. } 24 P. Balduy Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 7

Undertaker, B. Hall

Place of Business, 82 West St.

Address, 46 Haverhill St.

Medical Attendant, [Signature] M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45805

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Jan 6, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Arnot Welch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 31 Years, 0 Months, Days.

Color, White Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Chain maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 287 Penna Ave

Cause of Death, { First (Primary,) Second (Immediate,) } Bronchitis Apnea

Duration of Last Sickness, Nine weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park Cem

Date of Burial, Jan 8<sup>th</sup> 1881

J. H. Daugherty, M. D.  
Medical Attendant.

{ Undertaker, Andrews & Hodges  
Place of Business, 1046 Druid Hill Ave

Address 178 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

1<sup>st</sup> Month 6<sup>th</sup> 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jacob Burroughs.

Sex, Male or Female, { cross out the word not required in this line. }

Male

Age, 87 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation,

Coal Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

New Jersey

Duration of Residence in the City of Baltimore,

38 years

Place of Death, { Give street and number }

N<sup>o</sup> 128 Bolton St

Cause of Death { First, (Primary,) }

Pneumonia

{ Second, (Immediate,) }

Duration of last Sickness,

15 days

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, Jan 8<sup>th</sup> 1880

Wm. Riley

M. D.

Medical Attendant.

{ Undertaker, Denny & Mitchell

{ Place of Business, 550 W. Fayette St

Address, 306 Madison Avenue

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULAKY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 6<sup>th</sup> January 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Joseph Stewart

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 3 Years, 1 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Many Years

Place of Death, { Give street and number } No 99 Harlem Avenue

Cause of Death, { First, (Primary.) Second, (Immediate.) } Asphyxia

Duration of last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jan 7 1887 E. J. Jones M. D. Medical Attendant.

{ Undertaker, Demmy & Mitchell

{ Place of Business, 550 W Fayette St Address, 550 W Fayette St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 6<sup>th</sup> 11 A.M. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily H. H. Martin

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 46 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, School Teacher

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } 120 S. Broadway

Cause of Death { First, (Primary,) Gastritis  
Second, (Immediate,) Exhaustion

Duration of last Sickness, Eighteen days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, January 9<sup>th</sup> 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway Address, 496 Baltimore St.

James E. D. Smith M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan. 6 81

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Ann Mary Katch Lang

Sex, Male or Female, cross out the word not required in this line. Female

Age, 3 Years 1 Month, 28 Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line. Single

Occupation, \_\_\_\_\_

Birthplace, State or country, (and how long in the United States, if of foreign birth.) Washington D.C.

Duration of Residence in the City of Baltimore, a few weeks

Place of Death, Give street and number 538 W Pratt St

Cause of Death, First, (Primary.) Scarlatina Maligna  
Second, (Immediate.) Blood poisoning

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 7 1881

Undertaker, W. H. K. K. K.

Place of Business, 211 N. Broadway

W. H. K. K. K. M. D.  
Medical Attendant.

Address, 55 N. Greene St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 5 - 1881

Full Name of Deceased, August Menger { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { cross out the word not required in this line. }

Age, 5-2 Years, 11 Months, 18 Days.

Color, White

Married, ~~Single~~, Widow { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, Germany { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, 504 Hill St { Give street and number }

Cause of Death Consumption of Blood { First, (Primary.) Second, (Immediate.) }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 8 January 1881

Undertaker, John C. Fisher

Place of Business, 265 Westman St Address, Baltimore

Medical Attendant, E W Lammey M. D.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 6/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosanna E. Campbell

Sex, Male or Female, { cross out the word not required in this line. }

Age, 63 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Butler

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 63 years

Duration of Residence in the City of Baltimore, 442 Mulberry St.

Place of Death, { Give street and number }

Cause of Death { First, (Primary.) Paralysis  
Second, (Immediate,) 2 weeks.

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Jan 8/81

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. Address, Dr. D. S. Spencer M. D. Medical Attendant, Dr. W. M. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. G. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 6/88

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Streib

Sex, Male or Female, { cross out the word not required in this line. }

Age, 42 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Shoe maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 191 Vine St

Place of Death, { Give street and number }

Cause of Death { First, (Primary.) Phthisis  
Second, (Immediate,) Consumption (14) months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 8th 1881

Undertaker, John H. Kacher

Place of Business, Paca & Camden

A. L. Spicer M. D.  
Medical Attendant.

387 W. Lombard St.  
Address,

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 45373

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Jan 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Lyons.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 66 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Georgetown D.C.

Duration of Residence in the City of Baltimore, 40 Years -

Place of Death, { Give street and number. } # 25 Wyatt St.

Cause of Death, { First, (Primary.) Hypertrophy of Heart. Second, (Immediate.) " " }

Duration of Last Sickness, About an hour & half

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 7<sup>th</sup> 1881

{ Undertaker, John Machin

{ Place of Business, Pacas Landau Address, 161 So Sharp St.

Dr. J. B. Bell M.D.,  
Medical Attendant.  
Coroner for Dist.  
# 161 So Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 45314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 6 1887 (Zorbach)

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mollie Zorbach

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 41 Years, 10 Months, 6 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Widow

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 109 S. Chester St

Cause of Death, { First, (Primary.) } Phthisis Pulmonalis  
{ Second, (Immediate.) }

Duration of last Sickness, 18 mos

All the above information should be furnished by the Physician.

Place of Burial, St Carmel

Date of Burial, Jan 8 Geo C Bengtson M. D.

Medical Attendant.

{ Undertaker, Henry Froehlich

{ Place of Business, 254 Eastern St Address, Broadway Hall

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



Permit No. 45315

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 6/81.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary J. Budener

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. } Female

Age, 3 Years, 10 Months, 9 Days

Color, white.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Child, ✓

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 2 Smith St.

Cause of Death, { First (Primary.) Diphtheria, (was convalescent) }  
{ Second (Immediate,) Collapse. }

Duration of Last Sickness, Two weeks, since first taken

All the above information should be furnished by the Physician.

Place of Burial, Baltin Cem -

Date of Burial, Jan 9<sup>th</sup>

{ Undertaker, Peter Kummer. }  
{ Place of Business, 317 Mulberry St }

H. R. Fetterhoff M. D.  
Medical Attendant.

Address, 205 W. ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45376

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Jan. 4, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H. Rhodes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 7 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 303 Hamburg St.

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate.) Aethenia } ✓

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, Jan 6

{ Undertaker, John H. Owens  
Place of Business, 221 S. Centaw } ✓

Medical Attendant, W. S. Bouyer, M.D.

Address, 206 Sharp

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 6<sup>th</sup> 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Shepherd

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 80 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, House-keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Richmond Va.

Duration of Residence in the City of Baltimore, twenty-five years (25)

Place of Death, { Give street and number } 2 Ivy Alley

Cause of Death, { First, (Primary.) cerebral hemorrhage  
Second, (Immediate,) \_\_\_\_\_ }

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 9 - 1891

{ Undertaker, Henry E. Maddy

{ Place of Business, 116 Orchard St

James Brown M. D.  
Medical Attendant.

Address, 110 N. Calver St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Henry

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 65 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Labourer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 42 Mc Elderry St.

Cause of Death, { First, (Primary.) Senile Gangrene  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Lamar Cemetery

Date of Burial, Jan 8<sup>th</sup> 1881 E. B. Fenby M. D. Medical Attendant.

{ Undertaker, How J. Lock

{ Place of Business, 13 Jefferson St Address, 319 N. Central Ave

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 45319

## Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, 6<sup>th</sup> July 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ruth Leslie

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 Years, Months, Days.

Color, 11

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 63 Vine St

Cause of Death, { First, (Primary.) Phthisis Pulmonalis }  
{ Second, (Immediate.) }

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount C

Date of Burial, Jan 8 - 1881

{ Undertaker, J. B. Blackiston } J. W. Webster M.D.,  
Medical Attendant.

{ Place of Business, S. Carey St } Address, 57 Burrell

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45320

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, January 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elyse Cusley

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 30 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 29 Welch St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Tuberculosis & Inflammatory  
Exhaustion

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, 9<sup>th</sup> Jan'y. 1880

Chas A Donerum M.D.,  
Medical Attendant.

{ Undertaker, H W Jenkins for

{ Place of Business, 16 Light St Address, \_\_\_\_\_

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 4532/

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, January 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Ruge

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years, — Months, — Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Barkeeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, abt 10 yrs

Place of Death, { Give street and number. } 70 S. High St

Cause of Death, { First, (Primary.) } Heart Disease  
{ Second, (Immediate.) } Sudden Death

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 8

{ Undertaker, Ernst Schloman

{ Place of Business, 200 Sharp St Address, 68 S. Ball St

Chas. M. North M.D.,  
Coroner & Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

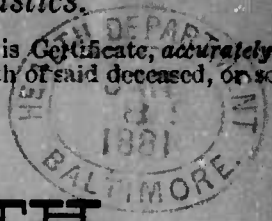
[OVER.]

Permit No. 45322

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, Dec. 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie M. McLaughlin

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 8 Months, Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 77 Lough St.

Cause of Death, { First, (Primary.) Diphtheria  
Second, (Immediate.) Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, January 6<sup>th</sup> 1881

Undertaker, Chas. T. Seriven

Place of Business, 271 N. Eutan St. Address, 77 So. Broadway

Medical Attendant, L. J. McKim M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to the instructions on back of this

## Board of Health, City of Baltimore,

Permit No. 4323 - #45323

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 7<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Ann Price.

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female.

Age, 63 Years, 4 Months, — Days.

Color, White.

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. } Widow.

Occupation, Lived with friends

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Raycock, Md.

Duration of Residence in the City of Baltimore, Four years.

Place of Death, { Give street and number } N. E. Cor. Charles & Lexington Sts.

Cause of Death, { First, (Primary.) Enteritis & Peritonitis.  
Second, (Immediate,) Assthemia.

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan'y 8<sup>th</sup> 1880

{ Undertaker, Wm. H. Weaver } Spencer M. Free M. D. Medical Attendant.

{ Place of Business, 222 Fayette St. } Address, 161 N. Lombard St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 7 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Heermole

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 70 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Weaver

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bararia

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, { Give street and number } 179 S. Sun St.

Cause of Death { First, (Primary,) Haemorrhage from Stomach  
Second, (Immediate,) Exhaustion

Duration of last Sickness, Six Days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Jan'y 9. 1881

{ Undertaker, Pho. S. Hughes

{ Place of Business, 60 E. Baltimore St.

Address, 299 E. Baltimore St.

James E. D. M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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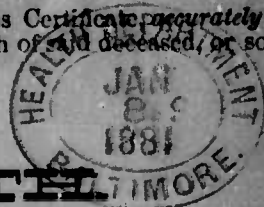
[OVER.]

Permit No. 45325

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



# CERTIFICATE OF DEATH

Date of Death, Jan 7. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur W Wheeler

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 21 Years, 5 Months,  Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } Single

Occupation, Student

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Rockland Mass

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and number. } 46 McCullough St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Valvular Disease of Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Rockland Mass

Date of Burial, Jan 10<sup>th</sup> 1881

Undertaker, Thos S Hughes

Place of Business, 60 E. Balloch

Alexander Tinsley M.D.,  
Medical Attendant.

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2021 Transit

Permit No. 45326

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12 x 30 A.M. January 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary D. Rue

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 72 Years, Months, Days.

Color, Sex,

Married, Single, Wid~~ow~~ or W~~idow~~er, { Cross out the words not required in this line. }

Occupation,

\* Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

\* Duration of Residence in the City of Baltimore, 72 years

Place of Death, { Give street and number. } 226 W. Hoffman St

Cause of Death, { First (Primary,) Pneumonia, right lung  
Second (Immediate,) Apnea

Duration of Last Sickness, 2 (2) days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 8<sup>th</sup> 1881

{ Undertaker, W. Weaver

{ Place of Business, No 202 E. Eulaw St

N. G. Keirle M. D.  
Medical Attendant.

Address 74 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]





Permit No. 45328

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, January 7th 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Groth Walker

Sex, ~~Male~~ or ~~Female~~, Cross out the word not required in this line.

Age, 18 Years, 6 Months, Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, Cross out the word not required in this line.

Occupation, Student

Birthplace, State or Country and how long in the United States, if of foreign birth. Pullman Co

Duration of Residence in the City of Baltimore, Infancy

Place of Death, Give street and number. Pullman Hotel

Cause of Death, First, (Primary.) Typhoid fever  
Second, (Immediate.) nervous exhaustion  
Mourning

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 9th Jan'y. 1881

Undertaker, H.W. Deubertson

Place of Business, 16 Light St.

Chas. C. Donohue M.D.,  
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

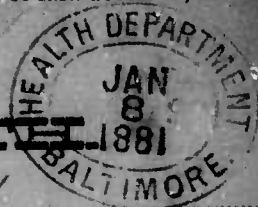
[OVER.]

Permit No. 45329

## Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

Jan 7 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henrietta Holden

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 79 Years,

4 Months,

7 Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

None

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Holland

Duration of Residence in the City of Baltimore,

36 yrs.

Place of Death, { Give street and number. }

55 S. Washington St.

Cause of Death, { First, (Primary.) }

Pneumonia Acute

Second, (Immediate.)

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Jan. 10. 1881

{ Undertaker, M. A. Daiger

{ Place of Business, 74 S. Broadway

R. W. Mansfield M.D.,  
Medical Attendant.

Address, 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

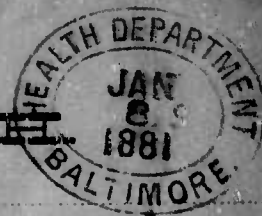


Permit No. 43830

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, Dec. 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Quark

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Calvert County Md.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and number. }

101 North Carolina St.

Cause of Death, { First, (Primary.) Bright's disease  
Second, (Immediate.) General dropsy

Duration of Last Sickness, About two months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 8, 1881

Wilton T. Taylor M.D.,  
Medical Attendant.

Undertaker, M. A. Bayler

Place of Business, 74 S Broadway

Address, Broadway & N. Eldridge St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

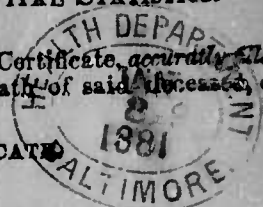
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 45331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled out,</sup> to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH

Date of Death, January 8

Full Name of Deceased, <sup>Write legibly and spell correctly. If an infant not named, give names of parents.</sup> Mary Louise Ross

Sex, ~~Male~~ or Female, <sup>{cross out the word not required in this line.}</sup> Female

Age, 5 Years, 2 Months, 22 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, <sup>{Cross out the word not required in this line.}</sup> Single

Occupation, None

Birthplace, <sup>{State or country, (and how long in the United States, if of foreign birth.)}</sup> Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, <sup>{Give street and number}</sup> 491 Saratoga St.

Cause of Death, <sup>{First, (Primary.) Second, (Immediate.)}</sup> Scarlatina Maligna

Duration of last Sickness, Blood poison

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 9<sup>th</sup> 1881

Undertaker, Patel & Co.

Place of Business, Northwestern

M. D. Kemp  
Medical Attendant.

Address, 55 N. Green St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Kessler

Sex, Male { cross out the word not required in this line. }

Age, 2 Years, 7 Months, Days.

Color, white

Married, Single, Widow { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bleidy

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 66 Short St

Cause of Death { First, (Primary,) Second, (Immediate,) } Myasmus  
Arthritic

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, North Cross

Date of Burial, Jan 8 1881

Undertaker, F. F. Kraus

Place of Business, \_\_\_\_\_

Irving Miller M. D.  
Medical Attendant.

Address, 179 E. Monument St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

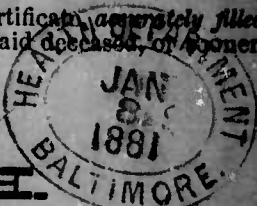


Permit No. 45333

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



**CERTIFICATE OF DEATH.**

Date of Death, January 8, 1881. (Schnetter)

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Schnetter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } Cor. 7th Ave & Boyle St.

Cause of Death, { First, (Primary). Second, (Immediate). } Cancer of Liver ?  
Rain, anemias, exhaustion

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 10

Undertaker, B. Mack

Place of Business, 82 West St.

H. W. Dodge M.D.,  
Medical Attendant.

Address, 207 Clanton St.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

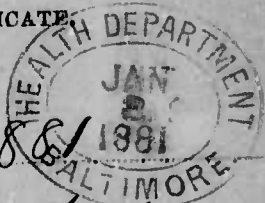
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 7th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Hedges

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, Months, Five Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 68 Morris Alley

Cause of Death { First, (Primary,) Commissions  
Second, (Immediate,) 20 hours

Duration of last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 8th 1881

Undertaker, Hensley & Macken

Place of Business, Orchard St

Elias C Price M. D.  
Medical Attendant.

Address, 262 Madison Ave

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, January 7 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } M. Estelle Kuhn Lipp

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 2 Months,  Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 293 Chesapeake on

Cause of Death { First, (Primary.) Diphtheria Croup  
Second, (Immediate,) Apnea

Duration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Jan 9<sup>th</sup> 1880

Undertaker, Samuel W. Mitchell

Place of Business, 55 W. Fayette St. Address, 216 N. Eden St.

T. Warner M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death, January 7<sup>th</sup> 1887; 8:45 AM.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude W. Schultz

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, One Years, 0 Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lived birth.

Place of Death, { Give street and number } 36 Mount Street

Cause of Death { First, (Primary,) Diphtheritic Croup  
Second, (Immediate,) In two days.

Duration of last Sickness, In two days.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, 9 January

Undertaker, A. W. Weidemer

Place of Business, 36 Mount St W. Bats St Address, N.E. Co. Columbia Ave & Remond St

Wm. A. Edricker M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, January 7th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Seigman

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 25 Years, 10 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Wife of Milk Dealer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Whole life time

Place of Death, { Give street and number } 235 N. Eden St

Cause of Death { First, (Primary,) Phthisis Pulmonalis  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, Two or three years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 9th/81

{ Undertaker, George Schilling

{ Place of Business, Ashland Square Address, 2 N Broadway

R M Cathell M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

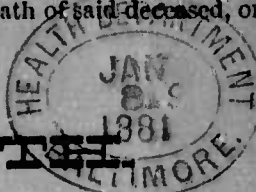
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Permit No. 45338

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



# CERTIFICATE OF DEATH

Date of Death, Jan 6 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah A. Dannaker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years, Months, Days.

Color, Dr.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 74 William st.

Cause of Death, { First, (Primary.) Anthrax  
Second, (Immediate.) Gangrene } ✓

Duration of Last Sickness, Two weeks ✓

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem

Date of Burial, Dec 9th 1881

{ Undertaker, Armstrong & Denny  
Place of Business, 263 Light st }

Address, 57 Banne

H. W. Wetshup M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

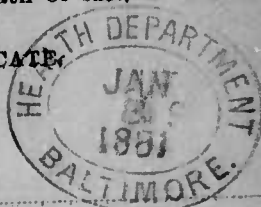
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do (under penalty of law).

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 7 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Kelety

Sex, Male or Female, { cross out the word not required in this line. }

Age, Three Years, Three Months,    Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,   

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 46 Biddle alley

Cause of Death { First, (Primary.) } Bronchitis

{ Second, (Immediate,) } Indigestion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 9 1881

{ Undertaker, John T. Scriven

{ Place of Business, 271 N. Eutaw

Saml. H. Anderson M. D.  
Medical Attendant.

Address, Franklin St. P. O.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 8 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Myers

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 Years, 20 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } XXX

Occupation, XXX

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 38 Lancaster

Cause of Death { First, (Primary.) Scarlat Fever  
Second, (Immediate,) Eclampsia

Duration of last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Albion Cemetery

Date of Burial, Jan 9 1881

Undertaker, W. Puffer

Place of Business, 15 N. Bond

Geo E Dronelle M. D.  
Medical Attendant.

Address, 299 E. Baltimore St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

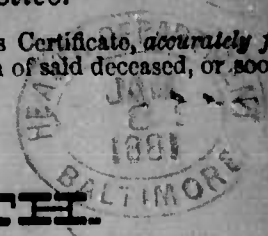
Permit No.

44347

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death,

Jan 7/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Amie C. Ruth

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

19 Years,

2 Months,

14 Days.

Color,

white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

none

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Balt. city

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

79 S. Wolf St.

Cause of Death,

{ First, (Primary.) }

Acute Opthis

{ Second, (Immediate.) }

Duration of Last Sickness,

8 mos.

All the above information should be furnished by the Physician.

Place of Burial,

Arlington

Date of Burial,

January 9

R. W. Mansfield

M.D.,

Medical Attendant.

{ Undertaker,

W. E. Duffell

{ Place of Business,

151 S Bond

Address,

117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 7<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matilda C. Acum

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 7 Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 260 Alice Street

Cause of Death { First, (Primary,) Marasmus  
Second, (Immediate,) Three weeks

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, January 9<sup>th</sup> 1881

Undertaker, John J. Smith

Place of Business, 103 Centre St. Address, 207 N. Broadway

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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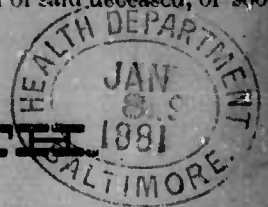
[OVER.]

Permit No. 45343

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



**CERTIFICATE OF DEATH**

Date of Death, Jan 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Melville A. Egler

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 36 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Shoe Cutter

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Edams Co. Pa.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and number. }

88 Bank St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Membrane Laryngitis

pulmonary Collapse & Asphyxia

Duration of Last Sickness, About 15 days

All the above information should be furnished by the Physician.

Place of Burial, Waynesboro Pa

Date of Burial, Jan 9<sup>th</sup> 1881

G. L. Hillman M.D.,  
Medical Attendant.

{ Undertaker, E. Cox

{ Place of Business, 84 & 86 Bank St

Address, 770 Broadway

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2022 Trans

Permit No. 45344

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



**CERTIFICATE OF DEATH**

Date of Death, Jan'y 8/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Funcher

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 4 Months,  Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 173 S. Eden St.

Cause of Death, { First, (Primary.) Acute Meningitis }  
{ Second, (Immediate.)  }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan. 9/81

R. W. Mansfield M.D.,  
Medical Attendant.

{ Undertaker, W. Funcher }

{ Place of Business, 30 Banks St. Address, 117 S. Broadway }

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

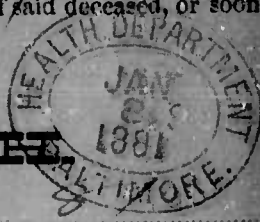


Permit No. 45345

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death,

Jan 7

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah Ellen Fortner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 26

Years,

Months,

Days.

Color,

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Delaware

Duration of Residence in the City of Baltimore,

29 yrs.

Place of Death, { Give street and number. }

67 Bat. Ave.

Cause of Death, { First, (Primary.) }

Senility

Second, (Immediate.)

Inanition

Duration of Last Sickness,

5 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

Jan 9

R. H. Ellis

M.D.,

Medical Attendant.

{ Undertaker,

B. H. Hinkle

{ Place of Business,

82 West 17th

Address,

315 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 8 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Catharine Steinhoff

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 2 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Hennitt, Life

Duration of Residence in the City of Baltimore, 25 - Street

Place of Death, { Give street and number } Catharine Steinhoff

Cause of Death, { First, (Primary.) Convulsion Second, (Immediate.) 10 day 5

Duration of last Sickness, 10 day 5

All the above information should be furnished by the Physician.

Place of Burial, Landon Park

Date of Burial, January 10 1881

Undertaker, Wm. G. Tietzen

Place of Business, 65 S. Eutamia Address, 14 S. Hanover

Geo. H. Denson M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 8<sup>th</sup> 1888

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Howard F. Norwood

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, 5 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 25 S. Schroeder St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlet Fever (Anginose Form)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 9

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore Address, 204 N. Carrollton Ave

John Neff M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANT & CO. CITY PRINTERS AND STATIONERS.

[974R.]

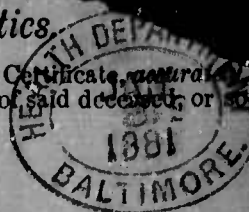


Permit No. 45348

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~sent out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

Jan 4<sup>th</sup> 1880

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Mesart

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

4

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Abbot Jr City

Duration of Residence in the City of Baltimore,

4 yrs

Place of Death,

Give street and number.

4 Abbot Jr

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia  
Exhaustion

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

Jan 9<sup>th</sup>

Elymalle

M.D.,

Medical Attendant.

Undertaker,

Mr. France

Place of Business,

No 280 Canton Ave

Address,

27 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

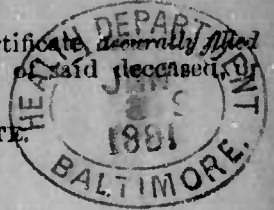
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 415349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *decently filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, January 8/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Ann Meyers

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 2 Years, 2 Months,    Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,   

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,   

Place of Death, { Give street and number }

227 E Eager St

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Mammary abscess  
congestion of lungs

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Jan. 10<sup>th</sup>

Undertaker, Mr. France

Place of Business, 281 Canton St Address, 256 N Eden St

W. D. Barnes M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 45358

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Jan 7th 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Matthews  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, About 9 Years, Months, Days.  
Color, (Col) Sex,  
Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
Occupation,  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Montgomery County Md.  
Duration of Residence in the City of Baltimore, About 6 years  
Place of Death, { Give street and number. } No 5 Pine alley Balt.  
Cause of Death, { First (Primary,) Scrofula  
Second (Immediate,) Phthisis Pulmonalis  
Duration of Last Sickness, About one year  
All the above information should be furnished by the Physician.  
Place of Burial, Laurel Cemetery  
Date of Burial, Jan 9 1881  
{ Undertaker, J. H. Chase  
{ Place of Business, 178 Howard St  
Address 122 34 East St Balt.  
James S. Fells M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No.

45357

## Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

Jan 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elsie Perkins

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Years,

Six Months, 0 Days.

Color,

Light Copper

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Single

Occupation,

None

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Six months

Place of Death, { Give street and number. }

No 63 Sarah St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Cold

Pneumonia

One Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Marple Cemetery

Date of Burial,

Jan 9 1881

{ Undertaker,

B. H. Chase

{ Place of Business,

178 Howard

B. F. Bomer M.D.,  
Medical Attendant.Address, Cor Bond St & 1<sup>st</sup> Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

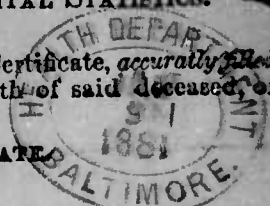
# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 45352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH.

Date of Death, 7th. January 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henriette Sickerling

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 3 hours Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, { Give street and number } Register Street 162

Cause of Death, { First, (Primary.) } Cyanosis  
{ Second, (Immediate.) }

Duration of last Sickness, during lifetime

All the above information should be furnished by the Physician.

Place of Burial, Point Cemetery

Date of Burial, Jan 9th 1881

{ Undertaker, Caspar Eckhardt

{ Place of Business, 269 Canton Ave Address, S. Wolpert 117

William Henkel M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45353

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accounted out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, Jan 7. 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Mary W. Stapleton

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 71 Years, Months, Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, Cross out the word not required in this line.

Occupation, none

Birthplace, State or Country and how long in the United States, if of foreign birth. Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, Give street and number. 930 W. Baltimore

Cause of Death, First, (Primary.) Apoplexy  
Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 10<sup>th</sup> 1881

Undertaker, Stewart Mowbray

Place of Business, 35 Park Ave Address, J. P. M. D., Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



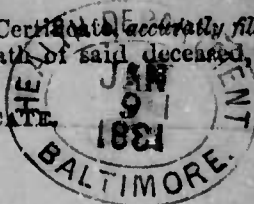
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, January 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John George Esch

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 67 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Butcher

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number } Mc. Elderry st near East

Cause of Death, { First, (Primary.) Disease of Heart  
Second, (Immediate,) mitral and aortic valves involved }

Duration of last Sickness, 30 minutes

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 10<sup>th</sup> 81

Undertaker, M. France

Place of Business, 220 Canton Ave

J. Geo. Dausch M. D.  
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

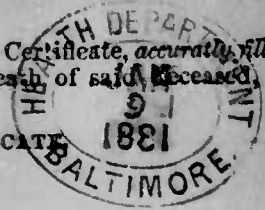
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH.

Date of Death, 8th. January 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wenzel Kapal

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, 60 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bohemia, Austria

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number } S. Anstrut 255

Cause of Death, { First, (Primary.) Cirrhosis hepatis  
Second, (Immediate,) Hydrops Acutus

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 10 4 81

Undertaker, Wm. Francis

Place of Business, 280 Canton Ave

Address, S. Wolfe St 114

William Huxel M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

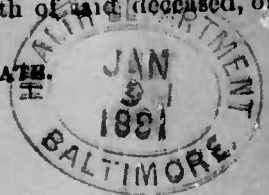
# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITALS

Permit No. 45386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Jan 8 - 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Belle C Christian

Sex, Male or Female, { cross out the word not required in this line. }

Age, 25 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Domestic

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pa

Duration of Residence in the City of Baltimore, 10 days

Place of Death, { Give street and number } 3000 E. Broadway

Cause of Death { First, (Primary.) Phthisis Pulmonalis  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, \_\_\_\_\_  
All the above information should be furnished by the Physician.

Place of Burial, Harford Co. Md

Date of Burial, Jan. 10, 1881

Undertaker, M. A. Baijer

Place of Business, 74 S. Broadway

F. D. Smith M. D.  
Medical Attendant.

Wm. C. Smith  
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2023 Transit



OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 45357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~thoroughly filled out~~, to the undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, Jan. 8<sup>th</sup>, 81

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Miss Ann. Dulaney

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 65 Years, 4 Months, Days.

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, Cross out the word not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore City

Duration of Residence in the City of Baltimore, 65 years 4 mo.

Place of Death, Give street and number. No 25 Scott St.

Cause of Death, First (Primary.) General Debility  
Second (Immediate.) Catarrh of Stomach & Bowels

Duration of Last Sickness, Was in attendance 2 days Had previously written Physician but was an invalid a long time.

All the above information should be furnished by the physician.

Place of Burial, Old Catholic Cemetery

Date of Burial, Jan 9

Undertaker, J. M. Cook

Place of Business, 207 West Baltimore

Address 298 W. Lombard St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. 45358

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~according to the law~~ out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Jan 7

Full Name of Deceased, Chs Glas { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, Three Years, One Months, 0 Days.

Color, Light brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, Baltimore { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Three years + 1 month

Place of Death, No 210 Shields St { Give street and number. }

Cause of Death, Inflammation of Bowels  
Coma  
Two weeks  
{ First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 9, 1881

{ Undertaker, Henry E. Madory

{ Place of Business, At No. 16 Arch St

B F Bohrer M.D.,  
Medical Attendant.

Address, Cor Dolphin + Popple



Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

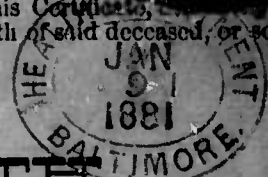
[OVER.]

Permit No. 45359

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan. 8<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hestella Newton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 9 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1 Jasper Al. Ct.

Cause of Death, { First, (Primary.) Brouchitis  
Second, (Immediate.) Exhaustion

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 10 1881

{ Undertaker, Henry H. Madden

{ Place of Business, 160 Orchard St Address, Balto. Genl. Dispensary

R. B. Morrison M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 45360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *January 8th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Margaret Ann Bennett*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *Six* Years, *Three* Months, *Days.*

Color, *Black* Sex, *Female*

Married, ~~Single~~, Widow or Widower, { Cross out the words and required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *44 Chestnut St Baltimore City*

Duration of Residence in the City of Baltimore, *6 months & 3 days*

Place of Death, { Give street and number. } *Chestnut St No 44*

Cause of Death, { First (Primary,) Second (Immediate,) } *Prurientia*

Duration of Last Sickness, *Six weeks and four days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Mary's & Son*

Date of Burial, *Jan 9th 1881*

{ Undertaker, Place of Business, } *Thos J Locks*

{ Address } *Arguist & Hayatt St*

*Edmund L. Loomis* M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

JOVER.

# Board of Health, City of Baltimore

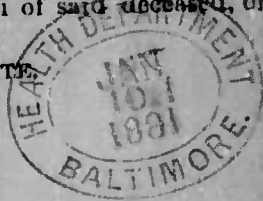
OFFICE OF REGISTRAR OF VITAL

Permit No. 45361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Aug 9 '81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mr Joseph Mee

Sex, Male or Female, { cross out the word not required in this line. }

Age, 18 Years, 18 Months,  Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 224 Chestnut St

Cause of Death { First, (Primary,) Acute Latent Malignant  
Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 10 1881

{ Undertaker, John Dlee

{ Place of Business, 224 Chestnut St

Edw Warner M. D.  
Medical Attendant.

Address, 256 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

Permit No. 45362

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, January 9<sup>th</sup> / 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John A. Tilton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 2 Months, 7 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, 2 mo - 7 days

Place of Death, { Give street and number. } # 11 Clarkson Alley

Cause of Death, { First, (Primary.) Croup  
Second, (Immediate.) Strangulation }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Prob Cemetery

Date of Burial, Jan 10 1881

{ Undertaker, Fred A. Lerchner

{ Place of Business, 3 Carrollton Ave Address, 161 So Sharp St

S. A. Bell M.D.,

Coroner & Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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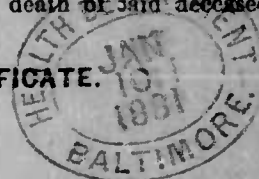


Permit No. 45363

OFFICE OF REGISTRAR OF VITAL STATISTICS

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *January 8<sup>th</sup> 1880.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Adelaide Chas. Nye.*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *15* Years, *5* Months, *2* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Philadelphia*

Duration of Residence in the City of Baltimore, *14 years*

Place of Death, { Give street and number. } *260 Linden Avenue*

Cause of Death, { First (Primary,) *Phthisis Pulmonalis.* Second (Immediate,) }

Duration of Last Sickness, *Three months*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *11<sup>th</sup> Jan'y 1881*

{ Undertaker, *H.W. Jenkins & Son*

{ Place of Business, *16 Light St.*

*A.T. Bell* M. D.  
Medical Attendant.

Address *234 Madison Ave.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No.

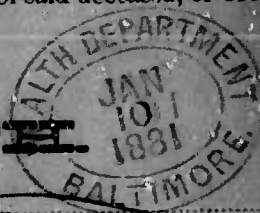
45364

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.



Date of Death, Jan 9 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Wilhelmine Fink*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 26 Years, Months, Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *London Park C.*

Date of Burial, *Jan. 11th 1881*

{ Undertaker, *J. P. Paulas*

{ Place of Business, *66 Frederick St.*

*C. Hoffmann* M.D.,  
Medical Attendant.

Address, *57. N. Light St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

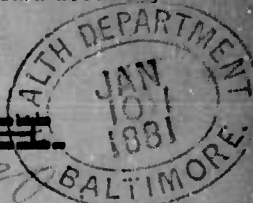
[OVER.]

Permit No. 45365

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 10<sup>th</sup> 1881

Undertaker, Saml W. Chase

Place of Business, 198 S. Howard St Address, 209 S. Howard St

W. S. Bozzer M.D., Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 9 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Kuhnelt

Sex, Male or Female, { cross out the word not required in this line. }

Age, 22 Years, 7 Months, 19 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 340 Sharp

Cause of Death, { First, (Primary,) Phthisis Second, (Immediate,) about 2 years - uncertain }

Duration of last Sickness, about 2 years - uncertain

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Penn

Date of Burial, Jan 11th 1889

{ Undertaker, Julius & Koehler

{ Place of Business, Sharp & Cross Address, \_\_\_\_\_

D. L. New M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

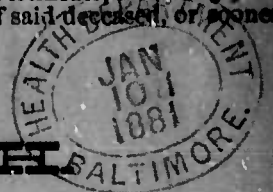
[CV 48.]

Permit No. 45367

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, Jan 8th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes Hicks

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years; 14 Months, Days.

Color, { Cross out the word not required in this line. } red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Native

Place of Death, { Give street and number. } 50 Chestnut St

Cause of Death, { First, (Primary.) } Bronchitis  
{ Second, (Immediate.) }

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Dec 11th 1881

{ Undertaker, Wm Gray

{ Place of Business, 65 Mulberry St

W. H. Austin M.D.,  
Medical Attendant.

Address, 192 Pearl St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

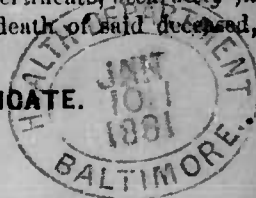
[OVER.]

Permit No. 45368

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Jan 9<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Potter

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 85 Years, Months, Days.

Color, White Sex, ~~Male~~

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,   
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 75 years.

Place of Death, { Give street and number. } 600 W. Bath St.   
 Cause of Death, { First (Primary,) Old age  
 { Second (Immediate,)

Duration of Last Sickness,   
 All the above information should be furnished by the Physician.

Place of Burial, Free Mt Cemetery

Date of Burial, Jan 11<sup>th</sup> 1881

{ Undertaker, John A. Macdonald Address 274 Madison Ave  
 { Place of Business, Park & Fayette St

H. W. Oving M. D.  
 Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



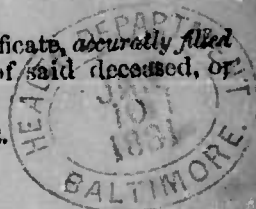
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Jan 9th

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Rosella Butler

Sex, Male or Female, cross out the word not required in this line.

Age, 30 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, col

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, Servant

Birthplace, State or country, (and how long in the United States, if of foreign birth.) Balto. Md.

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, Give street and number University Hospital

Cause of Death First, (Primary.) Septicemia  
Second, (Immediate.) As theia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street B. Gm

Date of Burial, Jan 10 1880

Undertaker, John H. Dwyer

Place of Business, \_\_\_\_\_

F. J. Flannery M. D.  
Medical Attendant.

Address, University Hospital

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

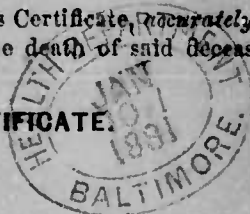
Death of John, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 45370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, *January 10<sup>th</sup> 1880*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Bauer*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *Twenty one* Years, *—* Months, *Six* Days.

Color, *White* Sex, *Male*

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Batter*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *21 yrs* *16 days*

Place of Death, { Give street and number. } *21 Sholdand st*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phtisis Pulmonalis*

Duration of Last Sickness, *Eight Months*

All the above information should be furnished by the Physician.

Place of Burial, *Balt. Cemetery*

Date of Burial, *Jan. 13<sup>th</sup>*

{ Undertaker, Adam Fink

{ Place of Business, 461 Dr. Bay st

*J. E. Gorsuch* M. D.  
*Asistent & Fayette st*  
Address

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45371

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, January 9<sup>th</sup> 1881.

Full Name of Deceased, <sup>Write legibly and spell correctly. If an Infant not named, give names of parents.</sup> Marie Louise Thier

Sex, ~~Male~~ or Female, <sup>Cross out the word not required in this line.</sup>

Age, Thirty three Years, Eight Months, Five Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, <sup>Cross out the word not required in this line.</sup>

Occupation, \_\_\_\_\_

Birthplace, <sup>State or Country and how long in the United States, if of foreign birth.</sup> Va

Duration of Residence in the City of Baltimore, Ten

Place of Death, <sup>Give street and number.</sup> # 123 N Stricker St.

Cause of Death, <sup>First, (Primary.)</sup> Pulmonary Consumption  
<sup>Second, (Immediate.)</sup>

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Jan'y 11<sup>th</sup> 1881

Undertaker, Dennis Mitchell

Place of Business, 550 W Fayette St

Address, # 584 N. Fayette St

[Signature] M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 45372

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



**CERTIFICATE OF DEATH**

Date of Death, January 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Green

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 66 Years, 0 Months, 0 Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Labourer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt - Co -

Duration of Residence in the City of Baltimore, 38 Years.

Place of Death, { Give street and number. } # 11 Birin St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Apoplexy

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 11<sup>th</sup> 1881

Undertaker, Denny & Mitchell

Place of Business, 550 N. Fayette St.

D. B. Bell M.D.,  
Medical Attendant  
Coroner So. Dist.  
Address, 161 E. Sharp St.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

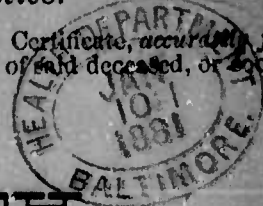
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Permit No. 45373

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, Jan 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr James Mitchell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — Years, 4 Months, — Days.

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 245 Orleans St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Inguinal Hernia (Supposed to be strangulated)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Adams E. Green

Date of Burial, Jan 9<sup>th</sup> 1881

Undertaker, Thos J Locks

Place of Business, 13 Jefferson St

Chas M. Morfit M.D.,  
Medical Attendant.  
Corner E. & B  
Address, 67 E. B. St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

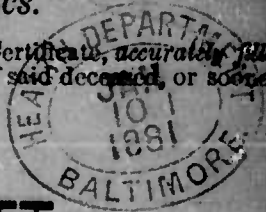
[OVER.]

Permit No. 45374

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, Jan 8 1881  
 Full Name of Deceased, Sarah Ann Moore  
 Sex, Female or Male, Female  
 Age, 38 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
 Color, Colored  
 Married, Single, Widow, Widower, Divorced  
 Occupation, servant  
 Birthplace, 106 Register St Baltimore  
 Duration of Residence in the City of Baltimore, 19 years  
 Place of Death, 106 Register St  
 Cause of Death, Pneumonia  
 Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lanier Cemetery  
 Date of Burial, Jan 10<sup>th</sup> 1881  
 Undertaker, John H. Lusk  
 Place of Business, 63 S. 1st St  
 Medical Attendant, E. Geo. Hall  
 Address, 27 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. *45375*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, *January 8<sup>th</sup> 1881*

Full Name of Deceased, *Hyd. M. P. Brockman*

Sex, Male or Female, *Male*

Age, *17* Years, *14* Months, *14* Days.

Color, *White*

Married, Single, Widow or Widower, *XXX*

Occupation, *XXX*

Birthplace, *Bald. City*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, *290 Alice Anna*

Cause of Death, *Chronic Croup*

Duration of Last Sickness, *One Week was called in on Friday*

All the above information should be furnished by the Physician.

Place of Burial, *St Paul's*

Date of Burial, *Jan 10<sup>th</sup>*

Underliaker, *H. Frohlich*

Place of Business, *244 Eastern*

*James E. Drinnell* M.D.,  
Medical Attendant.

Address, *299 E. Bull St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

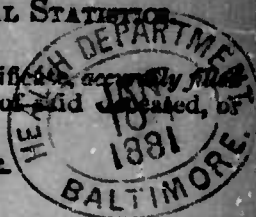
# Board of Health, City of Baltimore,

Permit No. 45376

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, January 9th 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Elizabeth Birney

Sex, Male or Female, cross out the word not required in this line.

Age, 3 Years, 6 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, None

Birthplace, State or country, (and how long in the United States, if of foreign birth.) Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, Give street and number 35 E. 1st St

Cause of Death, First, (Primary.) Typhoid Pneumonia  
Second, (Immediate.)

Duration of last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, St. Carmel Church

Date of Burial, Jan 11th

Undertaker, Th. Froehlich

Place of Business, 244 Eastern Ave

E. J. Williams M. D.  
Medical Attendant.

Address, 17 Palmyra St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 45377

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, Jan 8 " 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Wakefield

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 26 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 256 W. Pratt St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Inanition

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 10 " 1881

{ Undertaker, M. Coul + Bros

{ Place of Business, Saratoga St Address, Comm of Health

Medical Attendant, J. M. Allen M.D.,

Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by John E. Burdick

[OVER.]



Permit No. 45378

## Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Jan 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Carroll,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 40 Years, Months, Days.

Color, ~~Red~~ <sup>Lev</sup>

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Nurse

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 36 Yrs,

Place of Death, { Give street and number. } 114 St Dallas St

Cause of Death, { First, (Primary.) } Endocarditis (Mitral valve)

{ Second, (Immediate.) } Exhaustion

Duration of Last Sickness, Two months,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 12 1881

{ Undertaker, Charles A. White }

{ Place of Business, 35 Grandby }

J. F. Taylor M.D.,  
Medical Attendant.

Address, 222 W. Madison

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

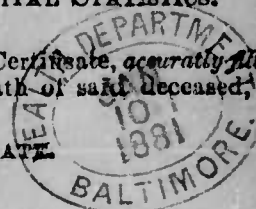
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH.

Date of Death, January 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gertha Cooter

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 5 Years, 14 Months, 14 Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Buffalo, New York

Duration of Residence in the City of Baltimore, 7 days

Place of Death, { Give street and number } On Board of George Miller's Wharf Canton

Cause of Death, { First, (Primary) Diphtheria Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Butcher's Lane

Date of Burial, January 10th 1887

{ Undertaker, \_\_\_\_\_

{ Place of Business, \_\_\_\_\_ Address, 22 Jackson Place

Thomas J. Evans, M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of *births and deaths of illegitimate children.*

Permit No. 45380

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate and true, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soon after if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Aug 9th 1881Full Name of Deceased, James Smith  
Write legibly and spell correctly. If an Infant not named, give names of parents.Sex, Male or Female, Male  
Cross out the word not required in this line.Age, 2 Years, 4 Months,  Days.Color, WhiteMarried, Single, Widow or Widower,   
Cross out the word not required in this line.Occupation, Birthplace, B. C.  
State or Country and how long in the United States, if of foreign birth.Duration of Residence in the City of Baltimore, Since birthPlace of Death, 169 S. Dallas St.  
Give street and number.Cause of Death, Burns of the face, chest and right arm  
First, (Primary.)  
Convulsions  
Second, (Immediate.)Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's CemDate of Burial, Jan 10th 1881Undertaker, E. CoxPlace of Business, 848 86 Bank StAddress, 717G. L. Williams M.D.,  
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

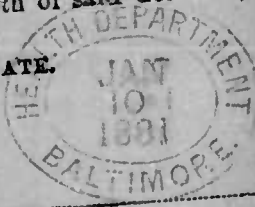
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 9<sup>th</sup> 1881.  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Emma Garhart  
 Sex, Male or Female, { cross out the word not required in this line. } Female  
 Age, 9 Years, 9 Months, 12 Days.  
 Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
 Occupation, Baltimore County

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 7 weeks  
 Duration of Residence in the City of Baltimore, 7 weeks

Place of Death, { Give street and number } Asbury and Childs Hospital  
Pneumonia & Dysentery.

Cause of Death, { First, (Primary.) Second, (Immediate,) }  
 Duration of last Sickness, 12 days

Place of Burial, Like Station Baltimore Co  
 Date of Burial, Jan 10  
 Undertaker, C. H. B. Chesser  
 Place of Business, 201 Renau Address, C. F. Brown M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Transit 2025

[OVER]

Permit No. 45382

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



# CERTIFICATE OF DEATH

Date of Death, January 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel James

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 3 Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 105 Welcom Alley

Cause of Death, { First, (Primary.) Second, (Immediate.) } Natural  
Diphtheria

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Daniel Cemetery

Date of Burial, January 11

{ Undertaker, } Herzels Ross

{ Place of Business, } 15 Lombard St Address, 158 Hammond St

Medical Attendant. M.D., G. H. Wiley

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

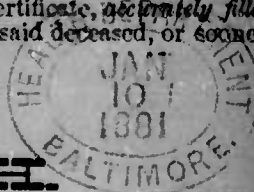
[OVER.]

Permit No. 45383

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, *December 9th 1881*

Full Name of Deceased, *Eva Elizabeth Sauer*

Sex, Male or Female, *Female*

Age, *4* Years, *0* Months, *0* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *None*

Birthplace, *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, *94 S. Station Rayon*

Cause of Death, *Scarlet fever*

Duration of Last Sickness, *7 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western cemetery*

Date of Burial, *Jan 10 1881*

Undertaker, *Jos B. Gosh*

Place of Business, *107 N. Baltimore*

Address, *582 W. ...*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

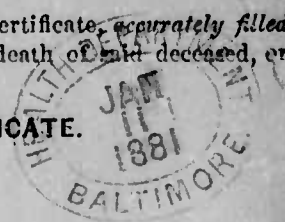


Permit No. 45384

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Jan 10. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jeremiah Collins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days.

Color, White, Sex, M

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Bricklayer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } York Co., Pa

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } 9 S. Malcoal st

Cause of Death, { First (Primary,) Phtisis Pulmonalis  
Second (Immediate,) Asthenia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jan 12. 1881

Medical Attendant, J. L. Doyle M. D.

Undertaker, Geo. S. Safford

Place of Business, 247 Sawater st

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

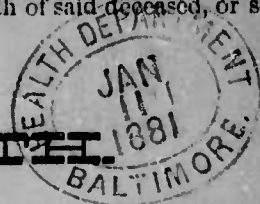
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Permit No. 45385

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, Jan 9<sup>th</sup> 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Mary Granditzky

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 Years, 10 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany (Gersfeld)

Duration of Residence in the City of Baltimore, 9 1/2 Years

Place of Death, { Give street and number. } 911 W. Pratt

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate.) Typhoid } ✓

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 12 1881

Undertaker, P. Kummer

Place of Business, Mulberry St

Louis B. Horn M.D.,  
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 10<sup>th</sup> 1881 *(McGarry)*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cornelius McGarry

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 60 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number } 58. S. Paca

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Brown's Place

Date of Burial, Jan. 17<sup>th</sup> *Chas. F. McKeown M. D.*  
Medical Attendant.

{ Undertaker, John S. Wiceher

{ Place of Business, Hotel business Address, 283. W. Lombard

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



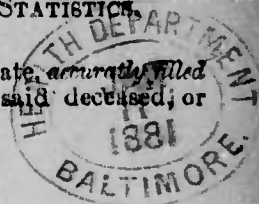
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 45387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Jan 10, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Draper

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 48 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Driver of Lumber wag

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number } 19 N. Annapolis St

Cause of Death, { First, (Primary,) \_\_\_\_\_ Second, (Immediate,) \_\_\_\_\_ } Pneumonia

Duration of last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 12, 1881

Undertaker, Jos. B. Cook

Place of Business, No 707 W. Baltimore street

J. Shetton Hill M. D.  
Medical Attendant.

Address, 432 W. Fayette St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan'y 10<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Elay Smith

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 3 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 368 Franklin St.

Cause of Death, { First, (Primary,) Second, (Immediate,) } Scarlet Fever  
Admitted

Duration of last Sickness, Seventeen days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Jan'y 11 John Neff M. D.  
Medical Attendant.

{ Undertaker, H. C. Cook

{ Place of Business, 707 West Baltimore Address, 304 Mandell Ave  
Co. Harlem

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

(OV 4B.)

Permit No. 45389

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 7. 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah M. Chisholm

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 69 Years, 10 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Accomac Co. Va.

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, { Give street and number. } 221 E. Ball<sup>o</sup> St.

Cause of Death, { First (Primary,) Pneumonia  
Second (Immediate,) do

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Dec 11<sup>th</sup> 1880

{ Undertaker, Armstrong & Denny

{ Place of Business, 263 Light St. Address 817 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 10<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Saltzman

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 7 Years, 9 Months,  Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 28 N Spring St  
Scarlott's room

Cause of Death { First, (Primary.)  
Second, (Immediate.) } Tuberculosis 12 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 11

Mr. Glover M. D.  
Medical Attendant.

{ Undertaker, John Henry

{ Place of Business, 382 Calver St

Address, 26 N High St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45391

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death,

January 10, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Geophard Branch

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

1

Months,

21

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Beth

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

300 York Ave

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia

Duration of Last Sickness,

5 Days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

January 11

Theodore

Rowe M.D.,

Medical Attendant.

Undertaker,

B. Heine

Place of Business,

82 West St

Address,

146 Chambers St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45392

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death,

January 10, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Chapman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years,

Months,

Days.

Color,

White.

Married, Single, Widower or Widowed, { Cross out the word not required in this line. }

Occupation,

Fisherman

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

19 N. Front St.

Cause of Death, { First, (Primary.) }

Pneumonia

{ Second, (Immediate.) }

Duration of Last Sickness,

8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Jan 12 1881

{ Undertaker, Jas P Byrnes }

{ Place of Business, 63 Front St }

J. W. Honck M.D.,  
Medical Attendant.

Address, 75 E. Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



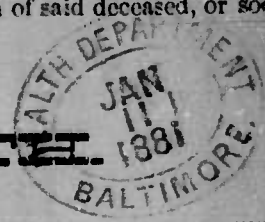
Permit No. 45393

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Jan 9 - 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nancy Dudley

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 89. Years, 8. Months, 0. Days, 0.

Color, Black.

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. } ~~Widower~~

Occupation, Miner

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Kent Co Md

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, { Give street and number. } 45 Beach alley.

Cause of Death, { First, (Primary.) } Old Age  
{ Second, (Immediate.) }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 11 - 1880

{ Undertaker, Geo. Perkins & Co } { Commissioner of Health }

{ Place of Business, Henrietta St } { Address, } { Registrar }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Ex 4 No. 8, Tuesday

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~the~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matthie Murry

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 5 Years, 6 Months, \_\_\_\_\_ Days.

Color, sch

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 121 N Spring St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Cemetery

Date of Burial, Jan 11 1881

E. C. Baldwin

M. D.

Medical Attendant.

Undertaker, Abraham Maynard

Place of Business, 13 Annapolis St

Address, 124 N Eyster

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[0741]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, January 10, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Melrose

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, 80 Years, 5 Months, 26 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Hampden County, Mass.

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, { Give street and number } 356 Laurel St.

Cause of Death, { First, (Primary.) Organic Valvular Disease  
Second, (Immediate.) Stroke }

Duration of last Sickness, about 2 weeks

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 12th

Undertaker, George Schilling

Place of Business, 241 N. E. Ave.

Address, 241 N. E. Ave.

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>separately filled</sup> out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan., 10th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Horatio Lloyd

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 70 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Butcher

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, { Give street and number } Apoplexy 340 Central Ave

Cause of Death { First, (Primary,) Apoplexy  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 12th/81

Undertaker, George Schilling

Place of Business, Highland Square

Medical Attendant, M. B. Billingslea M. D.

Address, 256 E John St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45397

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, January 9th. 1881  
 Full Name of Deceased, { Write legibly and spell correctly. If infant not named, give names of parents. } Mary Bachman  
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }  
 Age, 5 Years, 1 Months, 29 Days.  
 Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker, Ernst Schloman

{ Place of Business, 200. Sharp.

Address, 146. Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

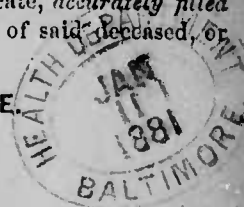
[OVER.]

Permit No. 45398

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Kerner  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, 28 Years, Months, Days.  
Color, White Sex, Male  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single  
Occupation, Painter  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt City  
Duration of Residence in the City of Baltimore, Life time  
Place of Death, { Give street and number. } 514 Ainslie St  
Cause of Death, { First (Primary,) Consumption of Lungs  
{ Second (Immediate,) "  
Duration of Last Sickness, 3 weeks  
All the above information should be furnished by the Physician.  
Place of Burial, Baltimore Centre A. G. Watson M. D.  
Date of Burial, January 11, 1881 Medical Attendant.  
{ Undertaker, Henry Hoek Address 437 N. Central Ave  
{ Place of Business, 309 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

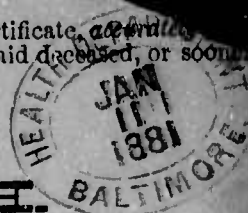


Permit No. 45399

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~according~~ out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or soon after if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Jan 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura M. Medham

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 17 Years, 8 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Lecturer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 79 Burgundy St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 12th 1881

{ Undertaker, Hercules Ross

{ Place of Business, 75, Conway St Address, 1687 Tarran

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 457111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, January 10 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Karlson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 27 Years, Months, Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Baltimore Md

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } not known

Duration of Residence in the City of Baltimore, 157 Lombard St

Place of Death, { Give street and number } Septicaemia

Cause of Death { First, (Primary,) Sepsis  
Second, (Immediate,) one week

Duration of last Sickness, All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Church

Date of Burial, Jan 11

Undertaker, W. Lippert

Place of Business, S. Bond St. 157 Address, University Hospital

J. West M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

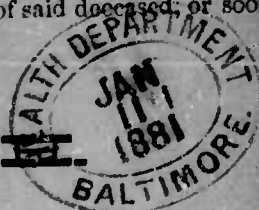
[OVER.]

Permit No. 45401

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, *Jan 10th 81*

Full Name of Deceased, *Mary Jane Barker* Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, *Female* Cross out the word not required in this line.

Age, *2* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *Colored*

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. *Mid*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, Give street and number. *26 Pence St*

Cause of Death, First, (Primary.) *Tubercular Meningitis*  
Second, (Immediate.) \_\_\_\_\_

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Jan 11, 1881*

Undertaker, *Hensley and Macken*

Place of Business, *116 Orchard St*

*F. B. Gardner* M.D.,  
 Medical Attendant.  
*Rev. J. M. M. M.*  
 Address, *118 N. Greene St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And it is further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

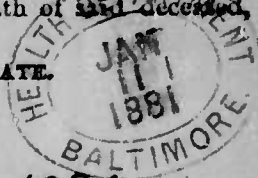
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate <sup>carefully filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~the~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, January 10th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry J. Holets

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Male

Age, 1 Year, 1 Month, 1 Day.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 5 Fell St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Diphtheria Croup

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 12th

Undertaker, H. Fiebelick

Place of Business, 244 Eastern Ave. Address, 22 Jackson Place

Thomas J. Evans M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

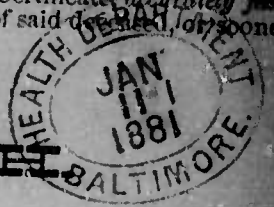
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 452103

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death, January 9<sup>th</sup> 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan  
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }  
Age, Years, Months, 14 Days.  
Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) } Eclampsia  
{ Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, P. Cemetery

Date of Burial, January 11

{ Undertaker, Patrick Mullin

{ Place of Business,

Chas M. Morfit M.D.,  
Coroner & Medical Examiner  
Address, 67 E. Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

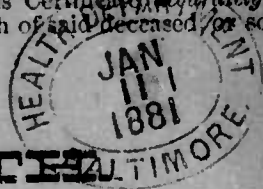
[OVER.]

Permit No. 45404

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *January 10<sup>th</sup> 1881*

Full Name of Deceased, *Siras* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *—* Years, *—* Months, *2* Days.

Color, *C*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *—*

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *89 Bank St Balto Md*

Duration of Residence in the City of Baltimore, *During Life*

Place of Death, { Give street and number. } *89 Bank St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *atelectasis Pulmonum*

Duration of Last Sickness, *Sudden Death*

All the above information should be furnished by the Physician.

Place of Burial, *G. P. Cemetery*

Date of Burial, *January 11*

Undertaker, *Patrick Mullin*

Place of Business, *—*

*Chas. M. Morfit* M.D.,  
Medical Attendant.  
*Corner E. & B*  
Address, *67 E Balto St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



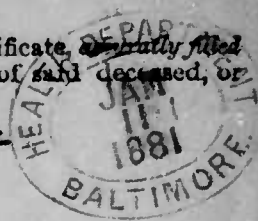
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>and fully filled out,</sup> to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Jan 10 1881

Full Name of Deceased, <sup>{ Write legibly and spell correctly. If an infant not named, give names of parents. }</sup> Florence G. Jonson

Sex, Male or Female, <sup>{ cross out the word not required in this line. }</sup> Female

Age, 9 Years, 213 Months, 213 Days.

Color, Black

Married, Single, Widow or Widower, <sup>{ Cross out the word not required in this line. }</sup> Single

Occupation, \_\_\_\_\_

Birthplace, <sup>{ State or country, (and how long in the United States, if of foreign birth. }</sup> City -

Duration of Residence in the City of Baltimore, all its life

Place of Death, <sup>{ Give street and number }</sup> 56 Prince

Cause of Death, <sup>{ First, (Primary,) Second, (Immediate,) }</sup> Hydrocephalus  
convulsions

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, General Cemetery

Date of Burial, Jan 11 1881

Undertaker, W. F. A. Kemp M. D.  
Medical Attendant.

Place of Business, 56 N. Greene Address,

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in this city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

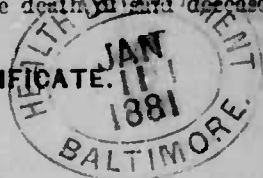
Permit No.

457406

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

January 10, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Joseph L. S. Krupp

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2

Years,

1

Months,

17

Days.

Color,

Sex,

Married, Single, Widowed or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

63 S. Carroll Ave

Cause of Death,

First (Primary),

Second (Immediate),

Diphtheria  
few days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery Thomas Sappington M. D.  
Medical Attendant.

Date of Burial,

Jan 11 1881

Undertaker,

Jos. B. Cook

Address

70 Center St

Place of Business,

No 707 N. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

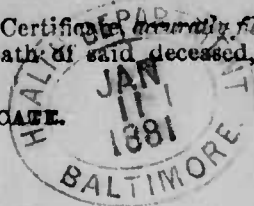
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, 11<sup>th</sup> January 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Kirby

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 36 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Bookbinder

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 12 N. Calver St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Epilepsy  
Apoplexy

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 14<sup>th</sup> 1881

Undertakers, Jos. B. Cook

Place of Business, No 707 N. Baltimore St

Address, 420 W. Fayette St.

M. W. Little M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



Permit No. 457408

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, *January 10 - 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Ann Bartlett*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *53* Years, *3* Months,  Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Married*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *New-Castle - Delaware*

Duration of Residence in the City of Baltimore, *23 yrs.*

Place of Death, { Give street and number. } *15 S. Chester St.*

Cause of Death, { First (Primary,) *Phthisis* Second (Immediate,) *3 years* }

Duration of Last Sickness, *3 years*

All the above information should be furnished by the Physician.

Place of Burial, *Meth. Ep. Church of E. Balti Cemetery Phila Road*

Date of Burial, *January 13<sup>th</sup> 1881*

{ Undertaker, *N. A. Curran* Address *227 Carrollton Ave.* }

{ Place of Business, *53 S. Broadway* }

*John F. Powell M. D. Medical Attendant.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

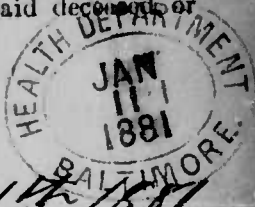
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 457409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 11 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Sophia Rehling

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 Years, 4 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 78 Manassas St

Cause of Death { First, (Primary,) Croup  
Second, (Immediate,) 4 days

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jan 13 1881

Undertaker, B. F. Phillips

Place of Business, \_\_\_\_\_

B. F. Phillips M. D.  
Medical Attendant.

Address, 327 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

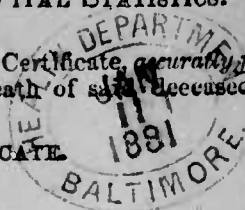
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH.

Date of Death, Jan 10<sup>th</sup> 1881

Full Name of Deceased, David Eilan  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male of ~~Female~~, { cross out the word not required in this line. }

Age, 78 Years, 11 Months, 25 Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None  
Germany

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 43 years

Place of Death, 350 Lexington St.  
Cystitis

Cause of Death, { First, (Primary.) Second, (Immediate.) }  
3 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, Jan 12<sup>th</sup>

Undertaker, Dunlap & Mitchell

Place of Business, 165 S Broadway

E. W. Eilan M. D.  
Medical Attendant.

Address,

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



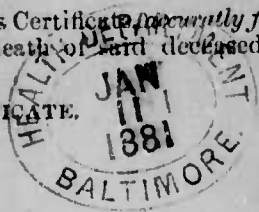
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate <sup>properly filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, January 10<sup>th</sup> 1881

Full Name of Deceased, <sup>Write legibly and spell correctly. If an Infant not named, give names of parents.</sup> Amico Aetter

Sex, Male or Female, <sup>cross out the word not required in this line.</sup>

Age, 23 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, <sup>Cross out the word not required in this line.</sup>

Occupation, Housekeeper

Birthplace, <sup>State or country, (and how long in the United States, if of foreign birth.)</sup> Ta

Duration of Residence in the City of Baltimore, 18 years

Place of Death, <sup>Give street and number</sup> 36 Beach alley

Cause of Death <sup>First, (Primary.)</sup> Miscarriage or Abortion  
<sup>Second, (Immediate.)</sup> One day

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Jan 11<sup>th</sup> 1881 R. M. Hall M. D.  
Medical Attendant.

Undertaker, Geo H. Perkins & Co

Place of Business, 130 Henrietta St Address, 262 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 45712

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



# CERTIFICATE OF DEATH.

Date of Death,

Jan. 10<sup>th</sup> 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Kraft.

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

7 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balto. City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

S. E. Green & Barre St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Scarlatina

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cem

Date of Burial,

Jan 12<sup>th</sup> 1881

R. J. N. Tall. M.D.,  
Medical Attendant.

Undertaker,

Julius Rockler

Place of Business,

Sharpe Cross St

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452/13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH.

Date of Death, Jan 10 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George A. Miller

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 23 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Bookster

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } W 12 Addison st

Cause of Death, { First, (Primary) } Phthisis

{ Second, (Immediate,) } 4 Months

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jan 12 1881

{ Undertaker, John W Jackson

{ Place of Business, 528 N Bay st Address, 137 N 4 st

H. H. Yeates M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



Permit No. 215414

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested ~~so~~ to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

Date of Death, Jan 10<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *On Jans. Maggie & Peter*

Sex, ~~Male or Female~~, { Cross out the word not }  
 { required in this line. }

Age,            Years,            Months, 24 Days.

Color, White

*Married, Single, Widow or Widower,* { Cross out the word not }  
required in this line. }

Occupation.

*Birthplace.* { State or Country and how }  
 { long in the United States, }  
 { if of foreign birth. }

Duration of Residence in the City of Baltimore,

*Place of Death,* { Give street and }  
number. }

*Cause of Death,* } First, (Primary.).....  
                                  } Second, (Immediate.).....

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Western Cem*

Date of Burial, Jan 1881

(Undertaker, *Philip J. Tice*

Place of Business, 183 Columbia

Address, *1414 E 9th St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

of births and deaths of illegitimate children.

at 9 Jos. R. Fitzpatrick [ov

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 10<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John B. Hahn

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 60 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Singl, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Grocer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, { Give street and number } 294 S. Bond St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Cancer of the Stomach

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 13<sup>th</sup> 1881

Undertaker, Leonhard Perry

Place of Business, 277 S. Bond St. Address, 207 S. Broadway

Nicholas L. Washburn M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No.

45.416

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

January 10<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Maria Louisa O'Donnovan

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

45

Years,

Months,

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

None

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Mulien

Duration of Residence in the City of Baltimore,

Life long

Place of Death,

Give street and number.

194 Dolphin St

Cause of Death,

First, (Primary.)

Pleur Pneumonia

Second, (Immediate.)

Heart Exhaustion

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

January 12<sup>th</sup> 1881

Chas O'Donnovan M.D.,

Medical Attendant.

Undertaker,

Wm Weaver

Place of Business,

No 202 N Eutaw St Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 45417

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Herbert Benson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 5 Years, 4 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 47 Harlem Ave

Cause of Death, { First, (Primary,) Acute Nephritis - Sequela of Scarlet Fever  
Second, (Immediate) Oedema of the Lungs

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Ludon Park Bur

Date of Burial, Jan 11<sup>th</sup> 1881

Undertaker, Deane Mitchell

Place of Business, 5511 W Fayette St Address, 204 N. Carrollton Ave  
Co Harlem

John Neff M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4524/8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, January 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip Gatter

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 61 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } Union Protestant Infirmary

Cause of Death { First, (Primary) Chronic Diarrhea  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 13<sup>th</sup> 1881 Chas. L. Smith M. D.  
Medical Attendant.

Undertaker, S. Guinbach

Place of Business, 397 W. Pratt St. Address, 92 N. Holliday St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 45419

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *January 11<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *George Frederick C. Baychman*  
*Bachman*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *1* Years, *1* Months, *1* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *None*

Occupation, *None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *131 York Avenue*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Natural*  
*Diphtheria*

Duration of Last Sickness, *7 days*

All the above information should be furnished by the Physician.

Place of Burial, *Germine Lutheran Druid Hill*

Date of Burial, *Jan. 12<sup>th</sup> 1881.*

*J. H. Udey* M.D.,  
Medical Attendant.

{ Undertaker, Adam Weidemeyer

{ Place of Business, 518<sup>th</sup> W. Baltimore St. Address, 153 Kinner St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 45720

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, Jan 10/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Royd Sevier

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 5 Months, Days.

Color, Bright Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) Tubercular Meningitis  
Second, (Immediate.) }

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Church

Date of Burial, Jan 12 1881

{ Undertaker, Patrick Mullin

{ Place of Business, S. R. Park Ave Address, 127 St Paul St

J. J. Ward M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45421

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.



Date of Death, January 10 - 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Morrison

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 40 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married.

Occupation, Cook

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Nassau, West Indies.

Duration of Residence in the City of Baltimore, Twenty-two (22) Years

Place of Death, { Give street and number. } No 205 - N. Duane St

Cause of Death, { First, (Primary.) Acute Phthisis, Second, (Immediate.) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 12 1881

Undertaker, H. R. Bondell

Place of Business, 624 Chase St Address, 222 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

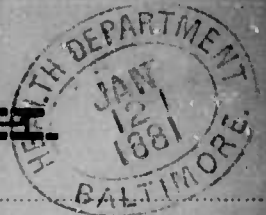
# Board of Health, City of Baltimore

Permit No. 457422

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry F. Huneke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 7 Months, 1 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } N 84 S Howard St.

Cause of Death, { First, (Primary.) Scarlet - fever  
Second, (Immediate.) Pleuro - Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 13<sup>th</sup> 1881

{ Undertaker, J. H. Bell

{ Place of Business, 163 W Lombard St. Address, 163 W Lombard St.

Henry Baker M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases of Death of

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 10<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nancy Root

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 61 Years, 10 Months,      Days.

Color, Coolona

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number } 267 Fremont St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cancer of Left breast

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 13<sup>th</sup> 1881 R. M. Hall M. D. Medical Attendant.

Undertaker, Chase

Place of Business, 193 Howard St Address, 262 S. Sharp St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[974B.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page 2.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled out,</sup> to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Wednesday Jan. 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Ann Cherry

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 68 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } 24 Gilbert Street

Cause of Death, { First, (Primary) Second, (Immediate), } Typhoid Mesenterica  
4 weeks

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 13<sup>th</sup> 1881 Remondt Morris M. D.

Medical Attendant.

{ Undertaker, W. N. Dungey

{ Place of Business, 1062 East 21<sup>st</sup> Address, 552 N. Fayette St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 457/25

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 9 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Corrie Louisa Franklin

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 13 Years, 13 Months,  Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Cal Ind

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 215 Vine St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 12 1888 J. Mutton M. D. Medical Attendant.

Undertaker, Wm. H. Dwyer

Place of Business, 432 W. Fayette St Address, 432 W. Fayette St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

(OVER.)



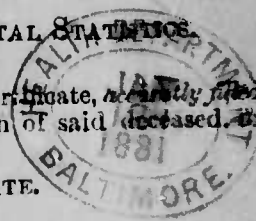
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 45426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Monday Jan. 10 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Edward Welch

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 Years, 4 Months,    Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,   

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 203 Pine St.

Place of Death, { Give street and number }

Cause of Death { First, (Primary.) Second, (Immediate,) } Pneumonia - Internal Spasm  
3 days

Duration of last Sickness,   

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 12<sup>th</sup> 1881 W. H. M. D. Medical Attendant.

{ Undertaker, W. H. Dungey

{ Place of Business, No 62, East St Address, 552 St Fayette St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 48242

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, Jan 11<sup>th</sup> 81.  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George H. Asfelmeier  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 1 Years, 3 Months, 11 Days.  
Color, White  
Married, Single, Widower or Widower, { Cross out the word not required in this line. }  
Occupation,   
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.  
Duration of Residence in the City of Baltimore,   
Place of Death, { Give street and number. } 216 Lexington St.  
Cause of Death, { First, (Primary.) Dentition  
Second, (Immediate.) to Meningitis.  
Duration of Last Sickness, 14 days.  
All the above information should be furnished by the Physician.  
Place of Burial, Baltimore Cemetery  
Date of Burial, Jan 12 1881  
Undertaker, A. T. Roll  
Place of Business, 131 Hanover St. Address, 226 Mulberry St.  
Medical Attendant, Louis C. Hoven M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

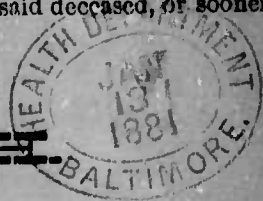
[OVER.]

Permit No. 452428

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



**CERTIFICATE OF DEATH.**

Date of Death, January 12<sup>th</sup> 1881 3 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Clane

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, seven Years, — Months, — Days.

Color, white

~~Married~~, Single, ~~Widow~~ ~~or Widower~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Home of Friends Druid Hill Ave.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlatina Maligna  
Convulsions

Duration of Last Sickness, 29 hours —

All the above information should be furnished by the Physician.

Place of Burial, Landen Park Cem

Date of Burial, Jan 13 "1881"

{ Undertaker, Wm Weaver }

{ Place of Business, 202 N. Calver } Address, 47 Franklin St.

Clark Van Bibber M.D.,  
Medical Attendant.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 45429

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



**CERTIFICATE OF DEATH**

Date of Death, Jan 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

(Parent's name Conrad & Mary Schneider.)

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, \_\_\_\_\_ Years,

Months, One Days.

Color, \_\_\_\_\_

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. }

71 Penn. Ave.

Cause of Death, { First, (Primary.) }

Premature Birth

{ Second, (Immediate.) }

7 months

Duration of Last Sickness, \_\_\_\_\_

Lived 26 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 13<sup>th</sup> 1881

Abram B. Arnold M.D.,  
Medical Attendant.

{ Undertaker, Walterimmel

{ Place of Business, Nº 452 W. Biddle, Address, \_\_\_\_\_

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

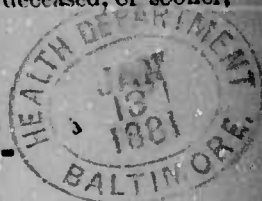
Permit No. 452/30

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.



Date of Death, Jan 10/81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James C. Mitchell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give street and number. } 35 Arch Street

Cause of Death, { First, (Primary.) Laceration wound of the foot from crushing & laceration  
Second, (Immediate.) Traumatic Litamus

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Jan. 13<sup>th</sup> 1881

Undertaker, Wm. A. Hickman

Place of Business, 234 N. Gay St. Address, 169 N. Calvert St.

Edward P. M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No.

452/31

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Jan. 12<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Hawkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 79 Mulberry St.

Cause of Death, { First, (Primary.) } Bronchitis.  
{ Second, (Immediate.) } Exhaustion

Duration of Last Sickness, since Jan. 1<sup>st</sup>

All the above information should be furnished by the Physician

Place of Burial, St. Peter's Cemetery

Date of Burial, Jan 13<sup>th</sup> 1881

R. B. Morrison M.D.,  
Medical Attendant.

{ Undertaker, ~~Wm. H. Brown~~

{ Place of Business, - Park Ave

Address, Balto. Genl. Dispensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 487432

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *January 9<sup>th</sup> 1881*  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Nathaniel Roberts*  
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }  
Age, *One* Months, *14* Days.  
Color, *Black*  
~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }  
Occupation,  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*  
Duration of Residence in the City of Baltimore, *Lifetime*  
Place of Death, { Give street and number. } *148 N Spring St*  
Cause of Death, { First, (Primary.) Second, (Immediate.) } *Acute Bronchitis*  
*Pneumonia*  
Duration of Last Sickness, *2 Weeks*  
All the above information should be furnished by the Physician.  
Place of Burial, *Laurel Cemetery*  
Date of Burial, *Jan 13<sup>th</sup> 1881*  
*John W. Locks*  
{ Undertaker, Place of Business, no 66 S. Wolfe  
*Wm. C. Russell* M.D.,  
Medical Attendant.  
Address, *Broadway*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452/38

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, 13th January 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Bach

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 85 Years, 1 Months, one Days.

Color, White Sex, M.

Married, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany 29 years

Duration of Residence in the City of Baltimore, 29 years

Place of Death, { Give street and number. } 424 E. Fayette St.

Cause of Death, { First (Primary), ... Second (Immediate), ... } Old age Asthma

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus L. J. Chabot M. D.

Date of Burial, Jan. 15 1881 Medical Attendant.

{ Undertaker, M. Branner Address 84 Mulberry St.

{ Place of Business, 280 Canton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45434

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Jan 10<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annanda Dickerson's Infant

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, — Months, 8 Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Parish Alley Court

Cause of Death, { First, (Primary.) Second, (Immediate.) } Umbilical Hemorrhage

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, W. P. Carroll

Date of Burial, Jan 13<sup>th</sup> 1881

Undertaker, F. A. Fischer

Place of Business, 57 f. Carroll

Thos A. Stearns M.D.,

Address, Commissioner of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Attested by Thos A. Stearns Registrar



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 13<sup>th</sup> Jan 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert R. Edwards

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 9 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Philadelphia

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and number } no 30 Smith St

Cause of Death, { First, (Primary.) Second, (Immediate,) } Asthma

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Harrel

Date of Burial, Jan 15<sup>th</sup> M. K. Warner M. D.

Medical Attendant.

{ Undertaker, J. C. Dougherty

{ Place of Business, 319 Benvenue Address, Street 4<sup>th</sup> Avenue

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OV4H.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 457436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Wednesday Jan. 22 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edmund August Almond

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } (Parents)

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 1/2 Week Days

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 555 Saratoga St.

Cause of Death, { First, (Primary.) Second, (Immediate,) } Tedious Labor

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 23 - 1881

{ Undertaker, Peter Krumm } Wm. M. D.  
Medical Attendant.

{ Place of Business, Mulberry St. Address, 532 N. Fayette St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

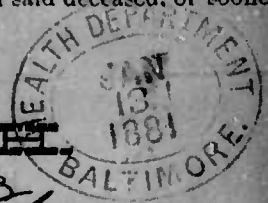
# Board of Health, City of Baltimore

Permit No. 452437

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan 13 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Jensen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 5 Months, 27 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 432 Cross St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Diphtheria

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, January 14 1881

J. G. Wambach M.D.,  
Medical Attendant.

{ Undertaker, J. P. He

{ Place of Business, 425 Cross Street Address, 201 W. Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452/38

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Faustine Jackson

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 16 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Chamber Maid

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City, Md

Duration of Residence in the City of Baltimore, All Life

Place of Death, { Give street and number. } No 2 Courtland St

Cause of Death, { First (Primary.) } Congestive Chills

{ Second (Immediate.) } Croup

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, January 14/1881

Undertaker, Abraham Weyman

Place of Business, 130 Caratoga St

J. M. Greese M. D.  
Medical Attendant.  
Address, No 36 Davis St  
Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

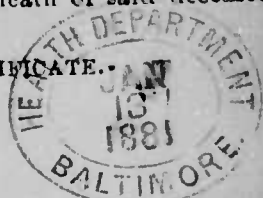
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452/39

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 12 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lorisa Brotherton

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. } Female

Age, 76 Years, 4 Months, 28 Days

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. } 253 Mulberry St

Cause of Death, { First (Primary.) Fall, fracturing 8, 9, 10 ribs  
Second (Immediate,) Shock + exhaustion }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Co.

Date of Burial, Jan 14, 1881

{ Undertaker, J. B. Blackston  
Place of Business, 8. Carey St 1022 }

W. H. Kemp M.D.  
Medical Attendant.

Address, 55 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

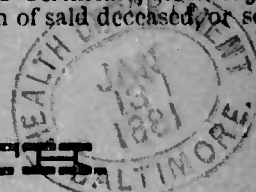
# Board of Health, City of Baltimore

Permit No. **45440**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, **Jan 12<sup>th</sup> 1881**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Anna Lewis**

Sex, Male or Female, { Cross out the word not required in this line. } **Female**

Age, **23** Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the word not required in this line. } **Married**

Occupation, **House wife**

Birthplace, { State or Country and how long in the United States, if of foreign birth. } **Baltimore**

Duration of Residence in the City of Baltimore, **23 yrs.**

Place of Death, { Give street and number. } **City Hospital**

Cause of Death, { First, (Primary.) Second, (Immediate.) } **Burn Shock**

Duration of Last Sickness, **2 wks**

All the above information should be furnished by the Physician.

Place of Burial, **Balto Cem.**

Date of Burial, **Jan. 14<sup>th</sup> 1881**

Undertaker, **Henry Sander**

Place of Business, **252 Canton St.** Address, **City Hospital**

**W. Brankham** M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. **45441**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, **Jan 13<sup>th</sup> 1881**

Full Name of Deceased, **Mary E. Gurney Hepburn**

Sex, Male or Female, **Female**

Age, **5** Years, **1** Months, **1** Days.

Color, **White**

Married, Single, Widow or Widower, **Single**

Occupation, **None**

Birthplace, **Baltimore City**

Duration of Residence in the City of Baltimore, **Life time**

Place of Death, **No. 181 E. Washington St.**

Cause of Death, **Dropsy**

Duration of Last Sickness, **4 Days**

All the above information should be furnished by the Physician.

Place of Burial, **St. Patrick**

Date of Burial, **Jan 14<sup>th</sup>**

Undertaker, **M. Clarke & Co.**

Place of Business, **64 E. Baltimore**

Address, **2 Hill Banker**

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 452442

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matilda Orm

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 26 Years, 6 Months, 28 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 269 E Lombard St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis Pulmonalis

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Soundin Park

Date of Burial, Jan 15<sup>th</sup> 1881

Undertaker, Andrew & Hodges

Place of Business, No 46 David Hill Ave

Geo D. Clark M.D.,  
Medical Attendant.

Address, 168 f Paca St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

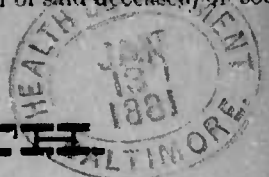
# Board of Health, City of Baltimore

Permit No. 45243

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, July 3, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 10 Years, 10 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } London

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } St Vincent Infant Asylum

Cause of Death, { First, (Primary.) Congenital Syphilis  
Second, (Immediate.) Asphyxia }

Duration of Last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Jan 13 1881 New Calh

Date of Burial, Jan 13 1881 Harvey Brown M.D.,  
Medical Attendant.

{ Undertaker, Dr. Brown }

{ Place of Business, 153 Division St. } Address, 58 N. Calhoun St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



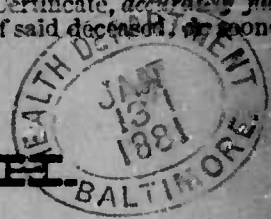
# Board of Health, City of Baltimore

Permit No. 45444

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 12, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, Years, 2 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Foundling

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Institution

Duration of Residence in the City of Baltimore, 10 days

Place of Death, { Give street and number. } St. Vincent's Hospital

Cause of Death, { First, (Primary.) } Marasmus  
{ Second, (Immediate.) } Spasms

Duration of Last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Roman Catholic

Date of Burial, Jan 14, 1881

{ Undertaker, J. J. Branningham }  
{ Place of Business, 155 Division St. } Address, 155 Division St.

Medical Attendant, M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Jan 11 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. M. W. Schaepe

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, 24 Years, 11 Months, 8 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Telegraph Operator

Birthplace, { State or country, (and how long in the United States. if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 122 N. Lombard

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 14<sup>th</sup> 80

Undertaker, E. F. Krause

Place of Business, Address, \_\_\_\_\_

D. L. Schaepe M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan. 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annin Devidge

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 29 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 63 Forrest St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Church

Date of Burial, Jan 14<sup>th</sup> 1881 E. B. Ferry M. D. Medical Attendant.

Undertaker, Thos. J. Locks

Place of Business, 26 N. Central Ave Address, 319 N. Central Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANT & CO. CITY PRINTERS AND STATIONERS.

[574R.]



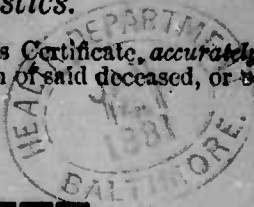
# Board of Health, City of Baltimore.

Permit No. 45447

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Jan 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Erickson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 9 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } No. 280 Canton Ave

Cause of Death, { First, (Primary.) Scald  
Second, (Immediate.)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 15<sup>th</sup> 81

Underiaker, W. France

Place of Business, 280 Canton Ave

Address, 2401 Bank St.

Medical Attendant.

M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled out,</sup> to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 12<sup>th</sup> 1881

Full Name of Deceased, <sup>{ Write legibly and spell correctly. If an infant not named, give names of parents. }</sup> Ruch

Sex, Male or Female, <sup>{ cross out the word not required in this line. }</sup> Female

Age, 1 Years, 2 Months, 22 Days.

Color, white

Married, Single, Widow or Widower, <sup>{ Cross out the word not required in this line. }</sup> Single

Occupation,

Birthplace, <sup>{ State or country, (and how long in the United States. If of foreign birth. }</sup> Baltimore, Md.

Duration of Residence in the City of Baltimore, since born

Place of Death, <sup>{ Give street and number }</sup> 351 S. W. 4th St.

Cause of Death, <sup>{ First, (Primary.) Second, (Immediate.) }</sup> Pneumonia duplex

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Pk

Date of Burial, Jan. 15<sup>th</sup> 81

Undertaker, M. Francis

Place of Business, 980 Con. Tr. Address, 27 N. Broadway

Medical Attendant, J. H. Dauch M. D.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[074R.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 13 January 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Frederick Schroeder

Sex, Male or Female, { Cross out the words not required in this line. } male

Age, \_\_\_\_\_ Years, 1 Months, 3 Days

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } W Pratt St 542

Cause of Death, { First (Primary,) Bronchitis  
Second (Immediate,) Convulsions }

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Wesley Cemetery

Date of Burial, 14 January

{ Undertaker, Adam Weidmeyer } Address, 224 West Fayette St

{ Place of Business, 518 W. Baltimore St }

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452/50

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Stanley Grant Davis

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, 6 Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, ---

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 118 S. Shickler St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Capillary Bronchitis

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Wheat Creek

Date of Burial, January 14

Undertaker, Joseph B. Cook

Place of Business, 707 W. Baltimore Ave.

Address, 204 N. Hamilton Ave. (in Harlem)

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OV 4R.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick H. O'Brien

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 65 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Gardener

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 28 N. Henry St

Cause of Death, { First, (Primary.) Acute Softening of the Brain  
Second, (Immediate,) —

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, January 15

Undertaker, Joseph A. Cool

Place of Business, 707 N. Butler St Address, 283. N. Lombard

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 13<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine M. Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 9 Months, 18 Days.

Color, White Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 63 S. Center Avenue

Cause of Death, { First (Primary,) Diphtheria  
Second (Immediate,) \_\_\_\_\_ }

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery Thomas L. Sappington M. D.  
Date of Burial, Jan 14<sup>th</sup> 1881 Medical Attendant.

{ Undertaker, Wm. B. Cook Address 70 Center St.  
Place of Business, No 707 W. Baltimore Street }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



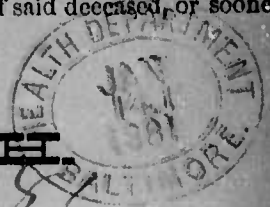
# Board of Health, City of Baltimore,

Permit No. 452153

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, January 14 - 8 BALTIMORE

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Edmunds Kate E.

Sex, Male or Female, { Cross out the word not required in this line. } (daughter)

Age, 12 Years, u Months, u Days.

Color, u

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } u

Occupation, u

Birthplace, { State or Country and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, u

Place of Death, { Give street and number. } 372 Beacon St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Catastrophe of lungs  
Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 15

u Undertaker, Henry Brindle

u Place of Business, Henrietta St 81

u Address, 313 E. 17th

J. H. Allen, M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *482/524*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, *July 13 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Th. W. McConus*

Sex, Male or Female, { cross out the word not required in this line. }

Age, *26* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *W*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Bookkeeper*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *40 years*

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) Second, (Immediate,) }

Duration of last Sickness, *one year*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*

Date of Burial, *Jan 15<sup>th</sup> 1881*

{ Undertaker, *Stewart & Snowden*

{ Place of Business, *35 Park Ave*

*W. H. Patterson*

M. D.

Medical Attendant.

Address, *23 Franklin*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. G. MULLEN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]





# Board of Health, City of Baltimore,

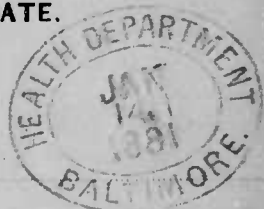
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, 11 Jan. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Mary H. Houghton.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Sixty-eight Years, Months, & twenty-three Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County, Maryland.

Duration of Residence in the City of Baltimore, About fifty years.

Place of Death, { Give street and number. } No. 86 Mulberry St.

Cause of Death, { First (Primary,) Diphtheria mucosaevel pituitaria  
Second (Immediate,) Exhaustion & apnoea

Duration of Last Sickness, Years, but seriously since middle of Nov. 1880.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Jan 14 Charles A. Geiger M. D. Medical Attendant.

{ Undertaker, C. H. Blyden  
Place of Business, 207 N. E. St. Address No. 165. Traylor Ave.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45457

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, January 13<sup>th</sup> 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Warren J. Powers  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 36 Years, — Months, — Days.

Color, White  
Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Miller  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number. } 47 S. Republican St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Paralysis

Duration of Last Sickness, About 8 weeks  
All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 15<sup>th</sup>

Undertaker, Meeth & Shields

Place of Business, 60 N. Caldwel Ave Address, 582 N. Republican St

W. W. McCombs M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

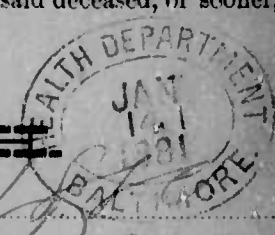
Permit No. 452/58

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, January 3.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Rogers

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 8 Years, 8 Months, Days.

Color, black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Baltimore

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 202 York St

Cause of Death, { First, (Primary.) Capillary Bronchitis }  
{ Second, (Immediate.) Asthma }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan. 14<sup>th</sup> 1881

{ Undertaker, Geo. H. Perkins }

{ Place of Business, 138 Henrietta St } Address, 206 Sharp St

W. S. Booz M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 457459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 15, 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Laura Virginia Muddoy

Sex, Male or Female, Cross out the word not required in this line.

Age, 8 Years, 8 Months,  Days.

Color, Black Sex, Male

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Ann arandel County

Duration of Residence in the City of Baltimore, 2 months

Place of Death, Give street and number. Eastern Ave No 183

Cause of Death, First (Primary), Apasm  
Second (Immediate),

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, E Public Cemetery John A Schmitt M. D.

Date of Burial, Jan 15 1881 Medical Attendant.

Undertaker, Patrick Mullin Address H E Car Goughs

Place of Business, P Park Ave Edmond

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45460

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Jan 14th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jane Jones

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, 39 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Widow

Occupation, Cook

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number. }

No 2 Davis st

Cause of Death, { First, (Primary.) }

phthisis

{ Second, (Immediate.) }

asthma

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, January 15th 1881

L. B. Dodge M.D.,  
Medical Attendant.

{ Undertaker, Abraham Wayman

{ Place of Business, 13 Stratford St.

Address, City Hospital

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 457161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christian Toben

Sex, Male or Female, { cross out the word not required in this line. } M.

Age, 5 Years, 5 Months, 16 Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Balt.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, 59

Place of Death, { Give street and number } 59 Sterling St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Scarlatina  
convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, January 16<sup>th</sup> 1881 A. L. Renold M. D.  
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 209 N. Central St. Address, 186 Disque St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 14th Jan. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Zinkand

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 67 Years, 11 Months,    Days.

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number } 248 N. Durham St.

Cause of Death, { First, (Primary,) Cancer of Liver  
Second, (Immediate,)    }

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Augustine Ch.

Date of Burial, January 16, 1881 E. P. Jones M. D.

Medical Attendant.

Undertaker, H. Hoek

Place of Business, 209 N. Central Ave. Address, 406 E. Baltimore St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. EVLANT & CO. CITY PRINTERS AND STATIONERS.

[574R.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452/63

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, *Male or Female*, { Cross out the words not required in this line. }

Age, *8* Years,

Months, *13*

Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *Jan 15th*

{ Undertaker, *A. Wiedemeyer*

{ Place of Business, *578 1/2 W Baltimore St.*

Address, *273 W Lexington St*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4524 64

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death,

Jan'y 14. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth R. Poe

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

70

Years,

Months,

Days.

Color,

White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Henrietta - Maryland

Duration of Residence in the City of Baltimore,

25 years

Place of Death, { Give street and number. }

162 St. Henrietta St.

Cause of Death, { First (Primary,) Second (Immediate,) }

Bright - disease Kidney

Duration of Last Sickness,

All the above information should be furnished by the Physician.

5 months

Place of Burial, London Park

Date of Burial, 16<sup>th</sup> Jan'y. 1881

Undertaker, H. W. Decker

Place of Business, 16 Right St.

Dr. Carey Thomas M. D.  
Medical Attendant.

Address 317 Madison Ave

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452/65

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Philipp Schmitt

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 4 Years, 3 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } 67 East 2<sup>nd</sup> Street

Cause of Death { First, (Primary,) Scarlet fever  
Second, (Immediate,) Malignant Scarlet fever convulsions

Duration of last Sickness, about 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 15<sup>th</sup> 1881

Undertaker, \_\_\_\_\_

Place of Business, 300 Canton St Address, 86 E Fayette St

G. W. Doherty M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 452166

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 56 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Jan 15 1881 M.D.,

{ Undertaker, { Medical Attendant.

{ Place of Business, 252 Camden Ave. Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, January 14<sup>th</sup> 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sabitha Greenwood  
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female  
Age, 72 Years, 2 Months, 15 Days.  
Color, White Sex, Female  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow  
Occupation,  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } England  
Duration of Residence in the City of Baltimore, 48 years  
Place of Death, { Give street and number. } 208 George Street  
Cause of Death, { First (Primary,) Hepatitis  
{ Second (Immediate,) Asthenia  
Duration of Last Sickness, 4 weeks  
All the above information should be furnished by the Physician.  
Place of Burial, Baltimore Cemetery  
Date of Burial, Monday Jan. 15<sup>th</sup> 1881  
{ Undertaker, Adam Weidenmeyer. Address 47 Edmondson ave  
{ Place of Business, 518 1/2 W. Balto St.Jas. E. Gibbons M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 457468

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 13, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ms. Jane R. Conway

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Seventy Four Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Delaware

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, { Give street and number } No. 119 North Broadway

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia Typhoid,

Duration of last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, St. Charles Cemetery

Date of Burial, Jan 16/81 Wm H. Anderson M. D.

{ Undertaker, Lee & Son Medical Attendant. }

{ Place of Business, 4th Broadway Address, No. 102 1/2 Broadway }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

JOHN & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 27-840  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 12<sup>th</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lachry Taylor

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Thirty One Years, 10 Months, --- Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Twenty-Eight years

Place of Death, { Give street and number } No. 77, N-B Broadway

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption

Duration of last Sickness, ---

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 16/88 Wm H. Clendine, M. D.

Medical Attendant.

{ Undertaker, Jay & Co

{ Place of Business, 634 N Broadway Address, No. 102 N Broadway

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

SMY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, January 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Emory

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 18 Years, - Months, - Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Easton, Md.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number } No. 7 Bethel Row

Cause of Death { First, (Primary,) Phthisis Pulmonalis

{ Second, (Immediate,) Apnœa & Asthenia combined

Duration of last Sickness, About 1 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, Jan 15<sup>th</sup> 1881

Eugene F. Cordell M. D.  
Medical Attendant.

Undertaker, Abraham Wayman

Place of Business, 13 Doralaga St.

Address, 125 N. Charles St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]



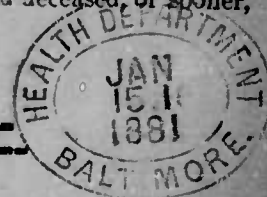
# Board of Health, City of Baltimore,

Permit No. 45271

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Graefe

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 3 Months, 8 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. }

N. 140 Conway St

Cause of Death, { First, (Primary.)

Diphtheria

Second, (Immediate.)

Croupous Laryngitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 16<sup>th</sup> 1881

Henry Salzer M.D.,

{ Undertaker, The Devoald

Medical Attendant.

{ Place of Business, 35 S. Eutan Address, 163 W. Lombard

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 452472

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

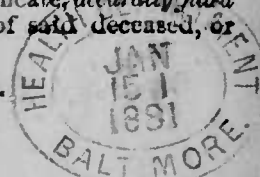
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Jan. 14 / 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Leo Kelly

Sex, Male or Female, { cross out the word not required in this line. } male

Age,                      Years, 4 Months,                      Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }                     

Occupation,                     

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number } 18 Stiles St.

Cause of Death, { First, (Primary.) Convulsions  
Second, (Immediate,)                      }

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 15 1891

{ Undertaker, James D Byrne }

{ Place of Business, No 63 n Ems St Address, 27 N Broadway }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set out as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

ANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

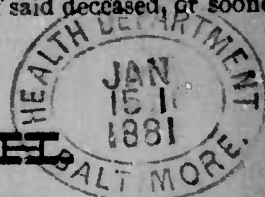
# Board of Health, City of Baltimore,

Permit No. 45473

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan. 13. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Maynard Doctrou

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 28 Years, 3 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Cannaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 397 N. Bond St.

Cause of Death, { First, (Primary). } Phthisis Pulmonalis

{ Second, (Immediate). } Exhaustion

Duration of Last Sickness, 3 yrs. & 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Gen.

Date of Burial, Jan 16th

Geo. A. Nathan M.D.,  
Medical Attendant.

{ Undertaker, Wm. Gifford

{ Place of Business, 1 Bond St. #757

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

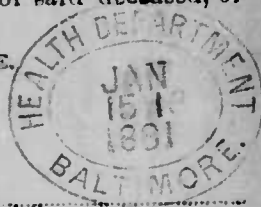
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, January 13th 8. p.m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Onigunda Gauman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 48 Years, 0 Months, 0 Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, 0

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Fifteen Year

Place of Death, { Give street and number } 198 Gough

Cause of Death { First, (Primary.) Pneumonia  
Second, (Immediate.) Consumption

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Algonquin Cem

Date of Burial, January 15 John J. Lizer M. D.  
Medical Attendant.

{ Undertaker, W. E. L. L.

{ Place of Business, 151 E. Bond Address, No 160 Saratoga

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



### CERTIFICATE OF DEATH.

Date of Death, *January 13. 1881*  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Kotus*  
Sex, Male or Female, { Cross out the word not required in this line. } *Male*  
Age, *28* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, *White* Sex, *Male*  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*  
Occupation, *Laborer*  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Poland.*  
Duration of Residence in the City of Baltimore, *one year.*  
Place of Death, { Give street and number. } *3 Shakespeare St.*  
Cause of Death, { First (Primary,) *Typhoid Fever.*  
{ Second (Immediate,) *Perforation of Intestines*  
Duration of Last Sickness, *six weeks.*  
All the above information should be furnished by the Physician.  
Place of Burial, *St. Ignace Cemetery*  
Date of Burial, *January 15*  
{ Undertaker, *J. J. J. Sullivan* M. D.  
{ Place of Business, *151 S. Bond* Address *116 Thames St.*  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page 2.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Jan 14 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Blenckman Koller

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 6 Years, 7 Months, 14 Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number } 21 Sterrett St

Cause of Death { First, (Primary,) Scarlet Fever  
Second, (Immediate,) convulsions

Duration of last Sickness, one & half day

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, January 15

A. W. Colburn M. D.  
Medical Attendant.

Undertaker, Joseph B. Clark

Place of Business, 407 N. 4th St Address, 343 N. Lombard St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 14 1891

Full Name of Deceased, John Hissiom  
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { cross out the word not required in this line. }

Age, 51 Years, 8 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Bay View Asylum

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Lip

Duration of Residence in the City of Baltimore

Place of Death, { Give street and number } Nursery, Child's Hospital

Cause of Death, { First, (Primary.) Second, (Immediate.) } Mal-nutrition

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Port de Port

Date of Burial, Jan 15

Undertaker, C. J. Brown

Place of Business, 201 Redwood Address, Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OV 48.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 2029

# Board of Health, City of Baltimore,

Permit No. 452478

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *July 14 / 81*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Francis*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *18* Years, *2* Months, *18* Days.

Color, *White*

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, *Apprentice at Canning fruit*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Ind*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *64 Division St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pulmonary Consumption*

Duration of Last Sickness, *One year*

All the above information should be furnished by the Physician.

Place of Burial, *Ball. Cem.*

Date of Burial, *Jan. 16*

Undertaker, *Walter Arnold*

Place of Business, *252 W. Biddle*

Medical Attendant, *J. Miller* M.D., *J. V. Greene*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45479

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan 15<sup>th</sup> 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louis Schuell

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 52 Years, 9 Months,    Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation,   

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. }

254 Key St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Phthisis Pulmonalis

Duration of Last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 16<sup>th</sup> 1881

J. E. Wamph

M.D.,

Medical Attendant.

{ Undertaker, Geo Lumb

{ Place of Business, 385 Pratt St

Address, 205 W. Lombard

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully requested.

## Board of Health, City of Baltimore,

Permit No. 452180

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH

Date of Death,

Jan 14 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Nancy Barnes

Sex, Male or Female,

Cross out the word not required in this line.

Age,

71

Years,

Months,

Days.

Color,

col

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

none (Cook)

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Westminster Md

Duration of Residence in the City of Baltimore,

30 years

Place of Death,

Give street and number.

1 Barnes Alley

Cause of Death,

First, (Primary.)

Atherosclerosis of arteries (old age)

Second, (Immediate.)

Central Apoplexy

Duration of Last Sickness,

11 hours

All the above information should be furnished by the Physician.

Place of Burial,

St Peters Cemetery

Date of Burial,

Jan 16<sup>th</sup> 1881

Edw. G. K. W. alk

M.D.,

Medical Attendant.

Undertaker,

Bo. Beunwick & Co.

Place of Business,

Stoward St.

Address, Crown St.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Requested

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, 14<sup>th</sup> Jan

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Busby

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Eighty-five Years,

Months,

Days.

Color, White

Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Near Westminster, Carroll Co., Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number. } No 128 Mosher St.

Cause of Death, { First (Primary,) Age  
Second (Immediate,) Debility

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Manchester (Carroll Co)

Date of Burial, Jan 16

Charles S. Genger M. D.  
Medical Attendant.

{ Undertaker, J. J. Ghalmers

{ Place of Business, 341 Penna Av

Address

No 105 Doyle Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2030 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 452482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Jan. 14th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

David J. Durning

Sex, Male or Female, { cross out the word not required in this line. }

Male

Age, Thirty-six Years,

Five

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation, Printer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number }

122 Orchard St.

Cause of Death

{ First, (Primary,)

Consumption

{ Second, (Immediate,)

Duration of last Sickness,

Seven Years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, 16th Jan 1881

Silas Baldwin M. D.  
Medical Attendant.

{ Undertaker, Sutwick Wiegand

{ Place of Business, 166 Druid Hill Ave

Address, 152 Townsend St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is respectfully invited.

## Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 45483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death, Jan 15<sup>th</sup> 1881

Full Name of Deceased, John Handy  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male  
Cross out the word not required in this line.

Age, 1 Years, 1 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, Single  
Cross out the word not required in this line.

Occupation, None

Birthplace, Baltimore  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Life time

Place of Death, No. 988 Chester St.  
Give street and number.

Cause of Death, Premature Birth  
First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, One day  
All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 15 1881

Undertaker, Dennis Mitchell

Place of Business, 652 Broadway

Address, 200 N. Charles St.

[Signature] M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the

## Board of Health, City of Baltimore,

Permit No. *4152484*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

*January 14, 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Teresa Walsh*

Sex, Male or Female,

Cross out the word not required in this line.

*Female*

Age,

*2*

Years,

*4*

Months,

Days.

Color,

*White*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Washington D.C.*

Duration of Residence in the City of Baltimore,

*22 months*

Place of Death,

Give street and number.

*St Vincent's Infant Asylum*

Cause of Death,

First, (Primary.)

*Pneumonia*

Second, (Immediate.)

*Athemia*

Duration of Last Sickness,

*18 days*

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

*Marbury Brewer*

M.D.,

Medical Attendant.

Address, *68 McCulloch St.*

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 45485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Jan 14 to 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosina Rittenmiller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years,

Color, White Months, Days.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany - 40 yrs

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and number. } St. Joseph Hospital

Cause of Death, { First, (Primary.) Consumption  
Second, (Immediate.) Exhaustion }

Duration of Last Sickness, about 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Saint James Cemetery

Date of Burial, 16 January

Undertaker, Adam Link

Place of Business, 461 N. Gay St.

Address, 288 N. Calver St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Requested.

## Board of Health, City of Baltimore,

Permit No. 452486

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death,

Jan 14 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Harriet Roberts

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

(Twin)

(Mother)

Age, \_\_\_\_\_ Years,

1 Months,

12

Days.

Color,

colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

4. Gilbert St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Spasms

Duration of Last Sickness,

one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16 1881

James H. Stans M.D.,

Undertaker, W. James Gray

Comm of Health & Registrar

Place of Business, Mulberry St

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. V. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

45.487

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH

Date of Death,

Jan 15 - 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

William A Gibson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Fifty five Years,

Months,

Days.

Color,

White

Married, Single, Widowed or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore Md

Duration of Residence in the City of Baltimore,

Living life

Place of Death,

Give street and number.

98 Dundell Hill Dr

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pulmonary Consumption

Duration of Last Sickness,

About one month

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Jan 17 - 1881

Physician

M.D.,

Medical Attendant.

Undertaker,

Wm McLean

Place of Business,

202 Antietam St

Address,

87 Mulberry St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1707725  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 45488

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH

Date of Death, Jan. 15, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia J. Gurschman

Sex, Male or Female, { cross out the word not required in this line. }

Age, 76 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housekeeper.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 200 N. Carey St.

Cause of Death { First, (Primary,) Albumenuria  
Second, (Immediate,) Uremia

Duration of last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Union Park Ch.

Date of Burial, Jan. 16, 1881

Undertaker, John M. Mearns

Place of Business, Paca & Camden

John J. Tinsley M. D.  
Medical Attendant.

Address, 215 N. Camden Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 43489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, 14<sup>th</sup> January 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Roche

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 55 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } MarriedOccupation, Rail RoadBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt CityDuration of Residence in the City of Baltimore, Driving LifePlace of Death, { Give street and number } No 6 North Carrollton AvenueCause of Death, { First, (Primary.) } Phthisis Pulmonalis  
{ Second, (Immediate.) } Complication of CroupDuration of last Sickness, 8 Hours

All the above information should be furnished by the Physician.

Place of Burial, Western CemeteryDate of Burial, Jan 16<sup>th</sup> Left Jones M. D.

Medical Attendant.

{ Undertaker, Meeth & Shields{ Place of Business, 60 N Carrollton Ave Address, \_\_\_\_\_

**Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[CV 48.]

The Special Attention of Physicians is respectfully invited to the following

## Board of Health, City of Baltimore,

Permit No.

45490

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

January 15<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hugh Sprague

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

13 Years,

10 Months,

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

4 Kaufman, M.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Phthisis Pulmonalis

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

St Peter

Date of Burial,

Jan 16<sup>th</sup> 1880

{ Undertaker,

G. F. Krause

{ Place of Business,

207 Howard St

Address,

152 Sharp St

R. J. N. Tall M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

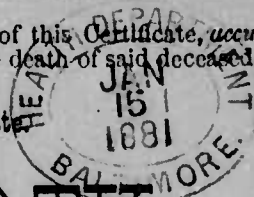
The Special Attention of Physicians is Respectfully Invited to the Remarks Herein, and to the

## Board of Health, City of Baltimore,

Permit No. 45491 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate



### CERTIFICATE OF DEATH.

Date of Death, January 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Graham.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 14 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Beth. Me.

Duration of Residence in the City of Baltimore, 14 m. 14 d.

Place of Death, { Give street and number. } 60 Broadway

Cause of Death, { First, (Primary.) Cerebral Congestion  
Second, (Immediate.) Apoplexy. }

Duration of Last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Bern

Date of Burial, 16

{ Undertaker, J. J. Macher

{ Place of Business, 150 Camden Address, 535 Penna A.

J. R. Kent M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45492.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 14 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary O'Neil

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 1 Months, 20 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 65 Madison Ave

Cause of Death { First, (Primary.) Scarlet Fever  
Second, (Immediate.) Uremia + Pneumonia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 16 1880

Undertaker, Wm B Cook

Place of Business, 12707 W Baltimore Address, 114 Park Ave  
Street

J. E. Chatain M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

45493

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

January 14<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Rosetta Brooks

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2

Years,

Months,

9

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

None

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

2 years & 9 months

Place of Death,

Give street and number.

188 S. Spring

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Kept Throat

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Lamar Cemetery

Date of Burial,

Jan 16<sup>th</sup> 1881

Undertaker,

Charles A. White

Place of Business,

35 Bronby. St

Address,

E. Reservoir

Wm H. Morris M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 415494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 15<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine L. Loring - Child of Josephine Loring

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, — Years, — Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Infant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balti

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } 63 S. High St

Cause of Death { First, (Primary,) } 7 mos. child  
Second, (Immediate,) Premature Birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan. 17<sup>th</sup> 1881

Undertaker, J. B. Cook

Place of Business, 707 N. Balto. St. Address, 11 S. High St

Medical Attendant, M. D.  
Alfred M. Mendenhall

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 43492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 15 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Gayhart

Sex, Male or Female, { cross out the word not required in this line. }

Age, 37 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Domestic  
Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death { First, (Primary.)  
Consumption  
Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Woodmen Burial

Date of Burial, Jan 17th 1881

Chas Fawcett M. D.  
Medical Attendant.

{ Undertaker, John C. Dwyer &amp; Co

{ Place of Business, 319 Penna Ave

Address, 72 Madison St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 45496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Aug 15<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Craig

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 Years, 15 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Baltimore City

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, to 173 W. arnes St

Place of Death, { Give street and number } Scarlet Fever

Cause of Death { First, (Primary.) Second, (Immediate.) } 3 days

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 14 C. Bunch M. D. Medical Attendant.

{ Undertaker, B. H. Clark

{ Place of Business, 82 West St Address, 181 Hanover St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following instructions on back of this form.

## Board of Health, City of Baltimore,

Permit No. 45497

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, Jan 15 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Rollins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 5 Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 182 S. Caroline St

Cause of Death, { First, (Primary.) Tuber Mesenterica

{ Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 16 1881

Undertaker, Mr. Funk

Place of Business, 35 Bank St

[Signature] M.D.,  
Medical Attendant.

Address, Alverton Monument

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



The Special Attention of Physicians is respectfully invited.

## Board of Health, City of Baltimore,

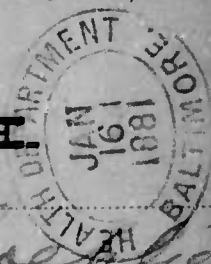
Permit No. *45498*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death,

*January 15, 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

*Fredrick J. Froehlich*

Sex, Male or Female,

Cross out the word not required in this line.

*Male*

Age,

Years,

*2*

Months,

*2*

Days.

Color,

*White*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Balt. City*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death,

Give street and number.

*299 Eastern Avenue*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Chronic Crohn's*

Duration of Last Sickness,

*Four (4) days*

All the above information should be furnished by the Physician.

Place of Burial,

*Mt. Carmel Cemetery*

Date of Burial,

*January 16<sup>th</sup>*

Undertaker,

*H. Froehlich*

Place of Business,

*244 Eastern Ave.*

Address,

*299 Eastern Ave.*

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 45499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45499The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Jan 14 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hester HallanSex, Male or Female, { cross out the word not required in this line. }Age, 74 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Barnes Co. MdDuration of Residence in the City of Baltimore, 35 yearsPlace of Death, { Give street and number } 349 David Hill StCause of Death, { First, (Primary.) Second, (Immediate.) } AsthmaDuration of last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. CysDate of Burial, Jan 14 1881{ Undertaker, Edward H. Munn{ Place of Business, 35 Park St Address, 146 H. Banner StMedical Attendant, Geo. H. Benson M. D.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>recently filed</sup> to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 15th

Full Name of Deceased, <sup>{ Write legibly and spell correctly. If an Infant not named, give names of parents. }</sup> Erick Herbert Horn

Sex, Male ~~Female~~, <sup>{ cross out the word not required in this line. }</sup>

Age, 2 Years, 10 Months, — Days.

Color, White

Married, Single, Widow or Widower, <sup>{ Cross out the word not required in this line. }</sup> —

Occupation, —

Birthplace, <sup>{ State or country, (and how long in the United States, if of foreign birth. }</sup> Baltimore

Duration of Residence in the City of Baltimore, (Life)

Place of Death, <sup>{ Give street and number }</sup> 139 Lexington St

Cause of Death <sup>{ First, (Primary.) Second, (Immediate.) }</sup> Scarlet Fever  
Dropsy

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 17/81

Undertaker, Stewart & Co

Place of Business, 35 Park Ave Address, 2 Cathedral St

M. D.

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 14  
Full Name of Deceased, Elizabeth Hunt  
Sex, Male or Female, Female  
Age, 93 Years, 1 Months, 11 Days  
Color, White  
Married, Single, Widow or Widower, Widow  
Occupation, Harford Co Md  
Birthplace, State or country (and how long in United States, if of foreign birth.) 40 years  
Duration of Residence in the City of Baltimore, No 48 N. Calhoun St.  
Place of Death, Give street and number.  
Cause of Death, First (Primary,) Old age  
Second (Immediate,) Same time  
Duration of Last Sickness, Same time  
All the above information should be furnished by the Physician.  
Place of Burial, London Park Ch  
Date of Burial, Jan 16/80  
Undertaker, Stewart & Mowbray  
Place of Business, 35 Park Row  
Medical Attendant, R. C. Lee M.D.  
Address, Hancock & Barr Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

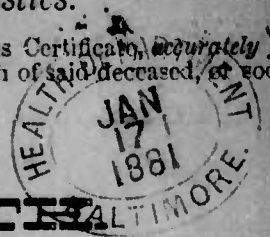
# Board of Health, City of Baltimore,

Permit No. 45302

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan. 15, 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Davis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 26 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland,

Duration of Residence in the City of Baltimore, Seventeen yrs.

Place of Death, { Give street and number. } 3 S. Castle St.

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate.) Asphyxia  
Five Days } ✓

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, Jan. 17, 1881

{ Undertaker, John Lake

{ Place of Business, Address, Balt. & Md. Sts.

G. C. Fink M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Jan. 16<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Estella Blackstone

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, Five Months, \_\_\_\_\_ Days.

Color, Mullatto

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

No. 88 Perry ally

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and number }

No. 88 Perry ally

Cause of Death

{ First, (Primary.)

Dysentery

{ Second, (Immediate.)

Prostration

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Harper Cemetery

Date of Burial, January 17<sup>th</sup> 81

F. B. Gardner M. D.  
Medical Attendant,

{ Undertaker, Wm. J. Gray

{ Place of Business, # 6 S. Mulberry st

Address, 1202. Greene st.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. G. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Jan 15, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Jones

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 36 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Bricklayer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Wales, En U.S. 2 years

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number } Maryland University

Cause of Death { First, (Primary.) Basilar Meningitis with abscess of brain  
Second, (Immediate,) Asphyxia

Duration of last Sickness, One week in Hospital

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, January 18<sup>th</sup> 1881

{ Undertaker, Denny Mitchell { Physician, Francis J. Flannery, M. D.  
Medical Attendant.

{ Place of Business, 65 Broadway { Address, University of Ind.  
Car. Leonard & Green

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

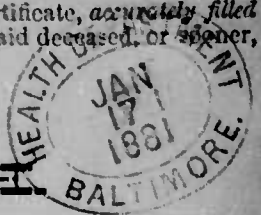
# Board of Health, City of Baltimore,

Permit No. 45305

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sender, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, 15 January 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Rothabiller

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 49 Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Lawyer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, ab. 29 years

Place of Death, { Give street and number. } 36 Abolition.

Cause of Death, { First, (Primary.) } Pneumonia { Second, (Immediate.) }

Duration of Last Sickness, ab. 8 days. ✓

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, January 17 1881

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave Address, 57 Asgumthick

Medical Attendant, C. Hoffman M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

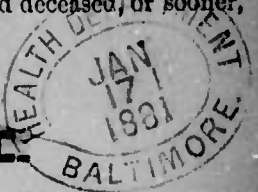
# Board of Health, City of Baltimore,

Permit No. 45506

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 15<sup>th</sup> 1881

Full Name of Deceased, John T. Pilson { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, one Years, two Months, five Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, Baltimore, Md. { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, 352 McHenry St. { Give street and number. }

Cause of Death, Double Pneumonia { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, 7 or 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 17<sup>th</sup> 1881

J. B. Cook { Undertaker, }

707 W. Balto. St. { Place of Business, } Address, 584 W. Fayette St.

J. J. Smith M.D., Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 16<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nathan Straup

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 9 Years, 11 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Baltimore

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 242 W Lombard St.

Place of Death, { Give street and number } 242 W Lombard St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Scarlet Fever

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, Jan 17, 1881

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

Address, 2 Cathedral St

H. J. Linn M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 415508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, January 16<sup>th</sup> 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis Schiller

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 68 Years, Months, X Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Teacher

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Russia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and number } 134 Low Street

Cause of Death { First, (Primary,) Heart disease  
Second, (Immediate,) Dyspnoea  
5 years

Duration of last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cong Cemetery

Date of Burial, Jan 17 1891

Undertaker, Goldsmith

Place of Business, 53 N High St Address, 88 N Eutan Street

Medical Attendant, M. D. Friedewald

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 16. 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Jacob Bradenbaugh

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, 70 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Watch maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give street and number }

469 Laurel

Cause of Death, { First, (Primary.) }

Rheumatic Ent

Second, (Immediate.)

debility produced by age & disease

Duration of last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 17<sup>th</sup> 1881

Undertaker, Henry W. Meard

Place of Business, 459 Gay St

Address, 349 Laurel

Levi M. Eastman

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Plischer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Fifty Six Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, About Thirty Years

Place of Death, { Give street and number. } No 538 Barataria St

Cause of Death, { First (Primary,) Cancer of the Cervix  
Second (Immediate,) Asthenia

Duration of Last Sickness, About one year under my care

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 18 Jan. 1881

Undertaker, { Of Kimmard Address No 1 N Boundary Ave

Place of Business, 317 Mulberry

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 45511

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45511

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 16/81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Oliver Wright

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, Years, 1 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 203 E. Madison St

Cause of Death { First, (Primary,) } Transition  
Second, (Immediate,)

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 17th/81

{ Undertaker, George Schilling

{ Place of Business, Ashland Square } Address, 256 N. Eden St

J. A. Warner M. D.  
Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]





The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 15<sup>th</sup> Aug 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Thomas A. Bryant

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, about 35 Years,                      Months,                      Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Salver

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number } University Hospital

Cause of Death { First, (Primary.) Second, (Immediate.) } Phthisis  
asthenia  
2 months

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Aug 17 81

Undertaker, Amstrong & Son

Place of Business, No 263 Light

Address, University Hospital

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

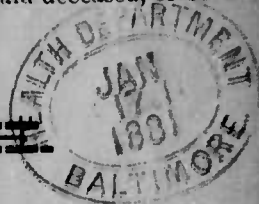
# Board of Health, City of Baltimore,

Permit No. 48874

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

Jan 15 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Baker

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

74

Years,

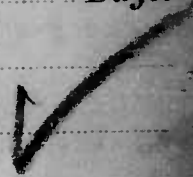
Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }



Occupation,

Halifax Novascotia

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

67 Battery Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Chronic Ulceration Prostate  
Exhaustion

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore

Date of Burial,

Jan 18 81

{ Undertaker,

Amos & D. D. D.

{ Place of Business,

No 268 Light

R. H. Ellis

M.D.,

Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *Jan 15<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Charles Scott*

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, *One* Years, *Eight* Months, *—* Days.

Color, *Bright Mulatto*

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *44 Gravel or Hargrove Alley*

Cause of Death, { First (Primary), Second (Immediate), } *Diphtheria*

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's cemetery*

Date of Burial, *Jan 17. 1881*

*J. G. Vance* M. D.  
Medical Attendant.

{ Undertaker, Place of Business, } *John B. Jordan*  
*65. Park Ave*

Address *127 St Paul St*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45516

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *January 14<sup>th</sup>*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Peter Roost*

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, *49* Years, *10* Months, *4* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Cooper*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany.*

Duration of Residence in the City of Baltimore, *27 years*

Place of Death, { Give street and number. } *166 N. Eden St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Consumption* ✓

Duration of Last Sickness, *3 years*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *18<sup>th</sup> January*

{ Undertaker, *Ch. Weber* Place of Business, *26 Conover St* }

*J. J. Groff.* M.D.,  
Medical Attendant.

Address, *137 Orleans St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 16<sup>th</sup> 1921  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wolfgang George Von Pergran  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, 88 Years, Months, Days.  
Color, white Sex, Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married Widower  
Occupation, Tailor  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Bavaria Germany  
Duration of Residence in the City of Baltimore, 33 years  
Place of Death, { Give street and number. } N.E. Con Gay & Caroline St  
Cause of Death, { First (Primary,) Bronchitis  
{ Second (Immediate,)  
Duration of Last Sickness, 8 days  
All the above information should be furnished by the Physician.  
Place of Burial, St. James Cem. J.H. Bolton M. D.  
Date of Burial, Jan. 19<sup>th</sup> 1921 Medical Attendant.  
{ Undertaker, M. Thoma Address N.E. Con Gay & Caroline St  
{ Place of Business, 900 Con Gay Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45578

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, January 16, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Morris Mills Read

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 3 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 232 August St

Cause of Death, { First, (Primary.) } Enterocolitis, { Second, (Immediate.) }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Monday Jan 17<sup>th</sup> 1881, J. W. Hanch M.D.,

Undertaker, John H. Hearey & Co.

Place of Business, 22 N. Fay St, Address, 75 E. Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45519

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

January 15-1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Marion

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 42 Years,

Months,

Days,

Color,

white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

University Hospital

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Injury - received by being run over by a wagon

Duration of Last Sickness,

1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, St Peter's

Date of Burial, Jan 17th 1881

Alexander Purley M.D.,  
Medical Attendant.

{ Undertaker, John Chenoweth

{ Place of Business, 336 Pennsylvania

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 15, 1881 3 P. M.

Full Name of Deceased, <sup>Write legibly and spell correctly. If an Infant not named, give names of parents.</sup> Henry Winter

Sex, Male or Female, <sup>cross out the word not required in this line.</sup> Male

Age, 57 Years, 5 Months,  Days.

Color, white

Married, Single, Widow or Widower, <sup>Cross out the word not required in this line.</sup> Single

Occupation, hatter

Birthplace, <sup>State or country, (and how long in the United States, if of foreign birth.)</sup> Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, <sup>Give street and number</sup> 578 W. Baltimore str.

Cause of Death <sup>First, (Primary.)</sup> Abscess of the liver  
<sup>Second, (Immediate,)</sup>

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, Jan 18, 1881

Undertaker, Peter Stummer

Place of Business, N. York St.

D. J. J. Litzner M. D.  
Medical Attendant,

Address, 160 Saratoga str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45521

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Minnie Bees

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 1 Years,

6

Months,

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

None

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Eighteen

Place of Death, { Give street and number. }

308 E. Sharp

Cause of Death, { First, (Primary.) }

Natural

{ Second, (Immediate.) }

Enteric Cold Colitis

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 18 1881

{ Undertaker, Henry Brille

{ Place of Business, Thacker St 81

J. K. McLean

M.D.,

Medical Attendant.

Address, 158 E. Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 15<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary McKewen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 44 Years, 5 Months, 10 Days.

Color, White Sex, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 37 N Chapel

Cause of Death, { First (Primary,) Phthisis Pulmonalis  
Second (Immediate,) }

Duration of Last Sickness, Nine months since first symptoms

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Jan 17 1881

Undertaker, Jas P Byrne

Place of Business, 63 N Front

Address 241 E Baltimore St

J. E. Hooker M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45523

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

January 17<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary L. Rumney

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

8

Years,

7

Months,

19

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

422 W. York St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Scarlatina Maligna

Duration of Last Sickness,

Six days

All the above information should be furnished by the Physician.

Place of Burial,

St. Olives City

Date of Burial,

January 18<sup>th</sup> 1881

Dr. L. Black

M.D.,

Medical Attendant.

Undertaker,

John Warner

Place of Business,

Pea & Corn

Address,

168 N. E. Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

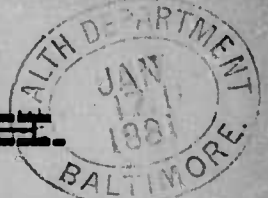
# Board of Health, City of Baltimore,

Permit No. 48524

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, January 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Amelia Deems

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Four (4) Years, Nine (9) Months, Nine (9) Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, City

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 441, Humboldt St.

Cause of Death, { First, (Primary.) Diphtheria  
Second, (Immediate.) Pulmonary Edema }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Ctg

Date of Burial, January 17th 1881

{ Undertaker, John Machus  
Place of Business, Sara & Camden }

Address, 165 1/2 Poca

John D. Glan M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 45828

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *January 15 1881*

Full Name of Deceased, *George H. Hips*  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Male*  
Cross out the word not required in this line.

Age, *6* Years, *7* Months, *—* Days.

Color, *White*

Married, *Single*, ~~Widow or Widower~~, Cross out the word not required in this line.

Occupation, *None*

Birthplace, *Baltimore City, Md.*  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, *214 N. Durham St.*  
Give street and number.

Cause of Death, *Cerebral Spinal Meningitis*  
First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, *Two Days*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cem.*

Date of Burial, *January 17 '81*

Undertaker, *Henry Handcock*

Place of Business, *252 Canton Ave.* Address, *222 N. Broadway*

*G. D. Bayler* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, Jan 16 1881

Full Name of Deceased, Mary Ann Head

Sex, Male or Female, Female

Age, 14 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, English

Birthplace, England

Duration of Residence in the City of Baltimore, 9 years

Place of Death, 449 Lombard

Cause of Death, First, (Primary,) Val. dis. Heart  
Second, (Immediate,) caused by Rheumatism

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 18th 1881

Undertaker, Henry D. Hutchins

Place of Business, 380 W. Fayette Address, 185 W. Fayette St

D. W. Brinn M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 4532

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edwin C. Holley

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, 1740 Carey St.

Place of Death, { Give street and number. } 1740 Carey St.

Cause of Death, { First, (Primary.) } Scarlatina Maligna  
{ Second, (Immediate.) } Convulsion

Duration of Last Sickness, 8 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 17/1881

{ Undertaker, J. B. Blackiston

{ Place of Business, 1740 Carey St. Address, 11688 Paca St.

Medical Attendant, M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



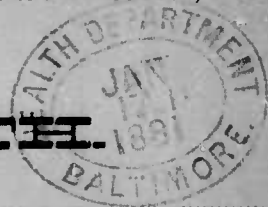
# Board of Health, City of Baltimore,

Permit No. 45528

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Jan 15<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carrie Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 1 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } # 28 Booth St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 17<sup>th</sup> 81

{ Undertaker, W. H. Drunge } { Commis of Health } M.D.,

{ Place of Business, East St } { Registrar }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

By J. G. V. Patrick

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Etta Adelaide Smith

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 10 Years, 6 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. ) } Still Pond Kent Co Maryland

Duration of Residence in the City of Baltimore, 18 months

Place of Death, { Give street and number } 304 Franklin St

Cause of Death, { First, (Primary.) } Abcess of Ear  
{ Second, (Immediate.) } Septicemia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Sumner St

Date of Burial, Jan 17

Undertaker, E. H. B. B. B. B.

Place of Business, 201 Pen

Address, 78 S Paca St

Medical Attendant, Wm B Turner M. D.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

Special

[OVER]

# Board of Health, City of Baltimore,

Permit No. 45530

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Jan 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence Hardy

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 23 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Brakeman N. O. R. R.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Rushford N. Y.

Duration of Residence in the City of Baltimore, 2 1/2 years

Place of Death, { Give street and number. } North St near Monument St. Res 138 N. Hoffman

Cause of Death, { First, (Primary.) Second, (Immediate.) } Accidentally crushed between two cars

Duration of Last Sickness, 15 minutes

All the above information should be furnished by the Physician.

Place of Burial, Rushford alleyway Co

Date of Burial, Jan 17<sup>th</sup> 1881

{ Undertaker, An Duvois & Sons

{ Place of Business, 406 Olive Ave

Edmund P. Walker M.D.,  
Medical Attendant.

Address, 183 Cornhill m p s

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 2031

[OVER.]



No. 4553

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 4553

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 16, 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emeline, Olivia HamillSex, Male or Female, { cross out the word not required in this line. } FemaleAge, Twenty-five Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, MarylandDuration of Residence in the City of Baltimore, Since BirthPlace of Death, { Give street and number } No 112 N. Bond streetCause of Death, { First, (Primary.) Second, (Immediate,) } Convulsions ✓

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CemeteryDate of Burial, Jan 19<sup>th</sup> 1881{ Undertaker, George Schilling } Wm H. Lindner, M. D. Medical Attendant.{ Place of Business, Island Square } Address, No. 102 N. Broadway

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 45352

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>appropriately filled out,</sup> to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan 16 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Calvert Pritchard

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 6. Bradford's alley

Cause of Death, { First, (Primary.) Second, (Immediate.) } Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 17 1881

{ Undertaker, Henry Sander Comm of Health & Registrar

{ Place of Business, Canton av Address, }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Geo E. Taylor

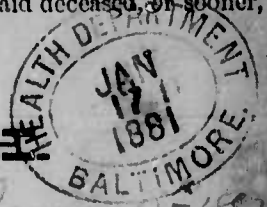
# Board of Health, City of Baltimore,

Permit No. 4533

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *Unknown supposed to be during night of January 15, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *a few hours* Days.

Color, *C*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *Unknown - (N. E. Police District)*

Cause of Death, { First, (Primary.) } *Unknown supposed to be suffocation at birth - probably a breech presentation.*  
{ Second, (Immediate.) }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *E. P. Cemetery*

Date of Burial, *January 16*

{ Undertaker, *Patrick Mullin*

{ Place of Business, \_\_\_\_\_

*Chas. M. Wolff* M.D.,  
Coroner & C. Medical Attendant.

Address, *67 E. Baltimore St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, January 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Michael Appel

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 2 Years, 2 Months, 10 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 8 Golds Court

Cause of Death { First, (Primary.) Acute Hydrocephalus  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Bur.

Date of Burial, January 18<sup>th</sup> 1881 Harvey Hill M. D.  
Medical Attendant.

{ Undertaker, Wm. G. Tickner

{ Place of Business, 65 S. Eutan Address, 119 Edmonstone Ave.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday, Jan 15th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophia A. New

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 55 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Rochester Co Ind

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and number } 817 Spring St

Cause of Death { First, (Primary,) Pneumonia

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, General Cemetery

Date of Burial, Jan 16th 1881

{ Undertaker, The J. L. Smiths

{ Place of Business, 13 Jeffers St Address, 257 Lombard St

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, Jan 20 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Marcus

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, About 40 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } not known

Occupation, not known

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, always

Place of Death, { Give street and number } University Hospital

Cause of Death { First, (Primary.) Biliary Calculus  
Second, (Immediate,) uric acid

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, Jan 13 80

{ Undertaker, P. A. Kerchner

{ Place of Business, 505 Carrollton Ave

Address, University Hospital

F. West M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan. 16. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Bosley

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 15 Years, 29 Months, 29 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 15 mo. 29 days

Place of Death, { Give street and number } 96 Wilhelms St.

Cause of Death { First, (Primary,) Scrophulous ulcers of throat & inflam. of cervical glands  
Second, (Immediate,) Asthma

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cent.

Date of Burial, Jan 17<sup>th</sup> 1881

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette St. Address, 40 E. Fulton St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

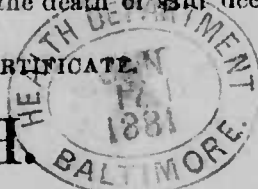
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH



Date of Death, January 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emily Graplin

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 63 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 297 St Paul St.

Cause of Death { First, (Primary.) Phthisis Laryngea & Bronchialis  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Freda Park

Date of Burial, Jan 18/81 Jos. Lloyd Martin M. D.  
Medical Attendant,

{ Undertaker, Several & Wm

{ Place of Business, 35 Park Address, 38 Mt Vernon Place

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 45339

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *generally filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 16th June 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Adams

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 49 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 51 Whitcomb St

Cause of Death, { First, (Primary.) Congestion of lungs  
Second, (Immediate.) 3 days

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 19th 1881

{ Undertaker, J. H. Chennorth

{ Place of Business, 336 Penna ave Address, Street &amp; Howard

M. D.

Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[0742.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48540

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.



Date of Death, 14<sup>th</sup> Jan

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Wier

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 18 Years, 4 Months,  Days.

Color, White

Sex,

~~Married~~, Single, ~~Widow~~, ~~Orphan~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 182 Dover St

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 19<sup>th</sup>

M. D.

Medical Attendant.

Undertaker, George Laembach

Place of Business, 387 West Pratt str

Address

169 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

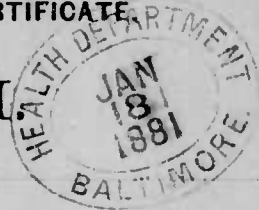
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45824/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, January 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clara M. Fredericks

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, Six Years, four Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 49, W. Fremont Street

Cause of Death, { First (Primary,) Pneumonia  
Second (Immediate,) }

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Gordon Park Cn

Date of Burial, Jan 18<sup>th</sup> 1881

{ Undertaker, B. Lummel

{ Place of Business, Mulberry St 317

Morris Wiener M. D.  
Medical Attendant

Address 319, St. Fayette St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45321/2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, January 16, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret A. Ross

Sex, Male or Female, { cross out the word not required in this line. }

Age, — Years, 1 Months, 25 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 37 Perry St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Convulsion

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 18th 81 Thos. L. Carter M. D. Medical Attendant.

{ Undertaker, G. H. Perkins

{ Place of Business, 130 Henrietta Address, 146 Hanover St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



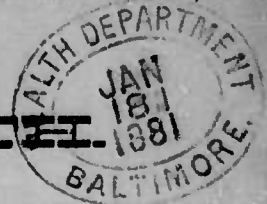
# Board of Health, City of Baltimore

Permit No. 4537/3

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan. 16 - 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John R. Dalton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 6 Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } # 248. Cross St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, W.D. Cemetery

Date of Burial, Jan. 17 - 1881

{ Undertaker, F.A. Kerchner } James A. M.D.,  
 { Place of Business, — } Commissioner of Health  
 Address, Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Attest James A. M.D.,  
Registrar

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Jan. 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen A. Jenkins

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 5 / Months, 5 Days.

Color, Black

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Balto Md

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Whole life

Duration of Residence in the City of Baltimore, 11 St. James St.

Place of Death, { Give street and number } Pneumonia

Cause of Death { First, (Primary.) Second, (Immediate.) } 4 days

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 18<sup>th</sup> 1881

Undertaker, A. O. B. Randell

Place of Business, 524 E. Chase St. Address, 36 Green Mt Ave

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45545

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

Jan 11 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Millie B. Jacob

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

none

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Washington D. C.

Duration of Residence in the City of Baltimore,

3 days

Place of Death,

Give street and number.

10 N. Central Avenue

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Gastritis

Convulsions

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Balt. Hebr. Cemetery

Date of Burial,

Jan. 18<sup>th</sup> 1881.

Undertaker,

H. Hoffman

Place of Business,

No. 63 N. Eden

J. J. G. S. M. M.D.,  
Medical Attendant

18 Aisquith St. 137 Olden St

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



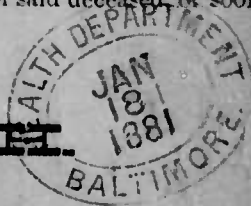
# Board of Health, City of Baltimore

Permit No. 48576

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, January 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julius Owens

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, Months, Days.

Color, Colored

Married, Single, Widower or Widow, { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Sappahannock, Va

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } St. Joseph's Hospital

Cause of Death, { First, (Primary.) Phthisis Pulmonum }  
{ Second, (Immediate.) Exhaustion } ✓

Duration of Last Sickness, Nine days in Hospital

All the above information should be furnished by the Physician

Place of Burial, E. S. Cemetery

Date of Burial, January 18

{ Undertaker, Patrick Mullin } Charles H. Goldsborough M.D.,  
Medical Attendant.

{ Place of Business, } Address, St. Joseph's Hospital

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following notice, and to the duty of presenting to the Board of Health, a Certificate of Death, as required by the Regulations of the Board of Health.

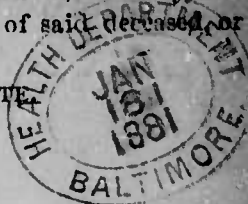
## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



### CERTIFICATE OF DEATH.

Date of Death, 17 January

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Vincent

Sex, Male or Female, { Cross out the words not required in this line. } male

Age, 24 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } single

Occupation, andy manufacturer

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, all his lifetime

Place of Death, { Give street and number. } Penn St 47

Cause of Death, { First (Primary,) Consumption  
Second (Immediate,) Exhaustion }

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Old Cath Cem

Date of Burial, Jan 19<sup>th</sup> 1891

{ Undertaker, John S. Hatcher

{ Place of Business, 274 Liberty St  
Roca & Company

Dr Reinhard M. D.  
Medical Attendant.

Address, 234 W Fayette St

#### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

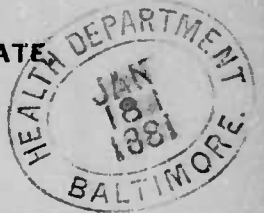
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4557/8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.



Date of Death, Jan 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lily, Mary Hayes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 3 Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } 71 Grandy

Cause of Death, { First (Primary,) Diphtheria  
Second (Immediate,) Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jan 18 1881

{ Undertaker, James O Byrne  
Place of Business, No 63 N Front St

Address, 112 N St

MA Biffenduff M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45549

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, 17th Jan 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } M. G. Dalby

Sex, Male or Female, { cross out the word not required in this line. }

Age, 69 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and number } Agio Maus Home

Cause of Death { First, (Primary,) Tubercular Meningitis  
Second, (Immediate,) 3 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 19th January 1881

Undertaker, H. W. Jenkins, Son

Place of Business, 16 Light St. Address, 1 Waverley Terrace

H. W. Jenkins M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45530

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, 16<sup>th</sup> January 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Lewis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 31 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, H Carpenter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 20 Alley

Cause of Death, { First, (Primary.) Phthisis Pulmonalis }  
{ Second, (Immediate.) }

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Jan 18<sup>th</sup>

Medical Attendant, H W Webster M.D.

{ Undertaker, B. Clark }

{ Place of Business, 82 Wm + St }

Address, 57 Bann

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

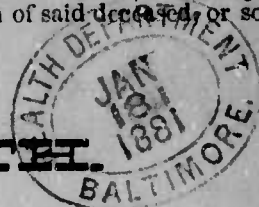
# Board of Health, City of Baltimore

Permit No. 45831

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 16 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edwrd H Hudson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 1 Months,  Days

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 117 N Dearborn St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia  
Exhaustion

Duration of Last Sickness, One week & 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lanel Cemetery

Date of Burial, January 18, 1881

{ Undertaker, William A Longee

{ Place of Business, 62 East St

J F Gayler M.D.,  
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 17. 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dina Canisius

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Dina Canisius

Age, 72 Years, 14 Months, 14 Days.

Color, \_\_\_\_\_

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Danville Pennsylvania

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, { Give street and number } 285 N Bond St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia  
Exhaustion

Duration of last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, St. James

Date of Burial, Jan. 19th 1881 E. H. Ralston M. D.  
Medical Attendant.

Undertaker, Geo. C. Bee

Place of Business, 54th Broadway Address, 15th Avenue St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lena Dauterich

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 17 Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

U. S. A.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number }

No 10 N. Eden St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Suffering from Brain trouble for some time - Eclampsia (Fits)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, H. Mathai Cemte

Date of Burial, Jan 19<sup>th</sup> 1881

J. Ridgway Anderson M. D.  
Medical Attendant.

{ Undertaker, The Undertaker

{ Place of Business, 63 N. Eden St. Address, No 121 E. Balto St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4-5554

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45554

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 17th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Froehlich

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 30 Years, 5 Months, 27 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Undertaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No. 244 Eastern Avenue

Cause of Death, { First, (Primary,) } Diphtheria

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel City

Date of Burial, January 19th

Thomas J. Evans, M. D.  
Medical Attendant.

{ Undertaker, John Linbeck

{ Place of Business, 244 Eastern Ave. } Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } M. Gertrude Conner

Sex, Male or Female, { cross out the word not required in this line. }

Age, 10 Years, 10 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 4 N. Arlington Ave

Cause of Death, { First, (Primary.) Tubercular Meningitis  
Second, (Immediate,) —

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Lane

Date of Burial, Jan 18<sup>th</sup> 1881

{ Undertaker, J. B. Leach

{ Place of Business, 707 W. Balto. St Address, 283, W. Lombard

Edw. L. Nicholls M.D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DILLERY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 16 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ells L. Puman

Sex, Male or Female, { cross out the word not required in this line. }

Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ☒

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, City

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number } S. W. Cor. of Franklin & Giddens St.

Cause of Death { First, (Primary,) Inflammatory Rheumatism  
Second, (Immediate,) Disease of the Heart & Nerves

Duration of last Sickness, Approx. Say 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jan. 20, 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. Address, 77 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 19th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lawrence Strang

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, 9 Months, 7 Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 242 W. Lombard St.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) Scarlet fever  
Second, (Immediate,) Y

Duration of last Sickness, 9 days -

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery, Belair Road

Date of Burial, Jan 20, 1881 Felix Jenkins M. D. Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. Address, No 2 Cathedral St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 17, 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Graham

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Puerto Rico

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 3 Cross Alley

Cause of Death, { First (Primary,) \_\_\_\_\_ Second (Immediate,) \_\_\_\_\_ } Capillary Bronchitis, Catarrh Bronchitis, Acute Bronchitis

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 19<sup>th</sup> 1888

{ Undertaker, Saml W. Chase } Address 228 Madison St.

{ Place of Business, 198 S. Howard St. }

J. E. McHenry M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Jan. 17<sup>th</sup>. 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John Harrison Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, One Years,

Months, Days.

Color,

C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)}

Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

No. 173 Ralby

Cause of Death {First, (Primary.)}

Pneumonia

Duration of last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Leand Cemetery

Date of Burial,

January 18.

Undertaker,

Charles White

Place of Business,

35 Granby

Address, 306 N. Fayette St

Chas. H. Jeff M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45560

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip A Harris

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 31 Years, Months, Days.

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 1054 Dallas St

Cause of Death, { First, (Primary.) Asthma  
Second, (Immediate.) Heart Disease supposed, Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 30<sup>th</sup> 1881 Chas. M. Mark M.D.,

{ Undertaker, Charles A White E.D. Medical Attendant.

{ Place of Business, 35 Drury St Address, 67 N. Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 18th, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miss Pattie Pentony

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 84 Years, Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Lady.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Martinburgh, W. Va.

Duration of Residence in the City of Baltimore, twenty years

Place of Death, { Give street and number } 476 W. Balt. St.

Cause of Death { First, (Primary.) Old age  
Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Roman Cath. St. Peters

Date of Burial, January 19th 1881

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

Medical Attendant, J. W. C. Colman M. D.

Address, P. O. Colman & Co. Vt. Sts.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

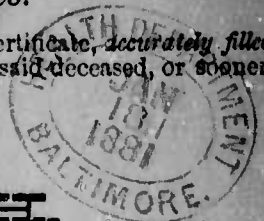
# Board of Health, City of Baltimore

Permit No. 45562

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *January 17<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Hunter*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *13* Years, *6* Months, *13* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Cecil Co. Md.*

Duration of Residence in the City of Baltimore, *about 3 months*

Place of Death, { Give street and number. } *# 104 Hanover St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Congestion of the Brain*  
*Convulsions.*

Duration of Last Sickness, *9 days*

All the above information should be furnished by the Physician.

Place of Burial, *Port Deposit Md.*

Date of Burial, *Wednesday Jan<sup>y</sup> 19<sup>th</sup> 1881*

Undertaker, *Henry Dundas Jr.*

Place of Business, *Canton Avenue*

*Dr. A. Bell* M.D.,  
Medical Attendant.

Address, *61 E. Sharp St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*Transit 2032*

Board of Health, City of Baltimore,

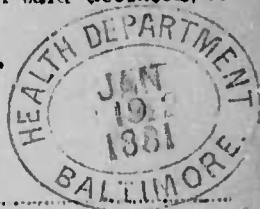
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, January 16<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Caroline Parker

Sex, Male or Female, { cross out the word not required in this line. }

Age, 69 Years, 8 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, V

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Utica, N York

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number } 16 South Calhoun St

Cause of Death { First, (Primary,) Pneumonia Typhoides  
Second, (Immediate,) }

Duration of last sickness, 8 days

All the above information should be furnished to the Physician

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan<sup>y</sup> 19<sup>th</sup> 1881

Undertaker, Senn & Mitchell

Place of Business, 550 W. Gay St Address, Cor Fayette & Schroeder Sts

A. C. Fox M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]



# Board of Health, City of Baltimore

Permit No. *45364*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *1* Years, *8* Months, *17* Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Chestnut Cemetery*

Date of Burial, *Jan 19 1891*

{ Undertaker, *Henry Brink*

{ Place of Business, *Henrietta St 81*

*January 17 1891*  
*Ollie Eugene Royce*  
*Female*

*White*

*Baltimore*

*33 Randal St.*

*Pneumonia & Diphtheria*

*9 Weeks*

*H. B. Hoff* M.D.,  
Medical Attendant.

Address, *17 Warren Ave*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, January 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Gentry

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Eighty Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 78 Block 8

Cause of Death { First, (Primary,) Old age  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, January 21<sup>st</sup> 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway Address, 217 S. Broadway

Nicholas L. Cassell M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

Wm. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

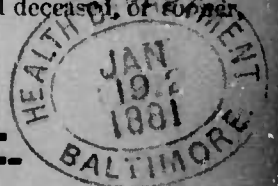
# Board of Health, City of Baltimore

Permit No. 45576

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Gold

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 17 Years, 11 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Boat City

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } No. 18 Cambridge St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bato Cemetery

Date of Burial, Jan 20th 1881

{ Undertaker, Denny & Mitchell }

{ Place of Business, 65 S Broadway }

M. J. Galt M.D.,  
Medical Attendant.

Address, 24th St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



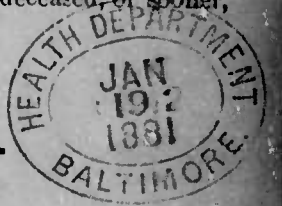
# Board of Health, City of Baltimore

Permit No. 45567

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, January 16 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amanda Jolley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 18 Years, — Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Dorchester Co. Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number. } 111 York

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia Fever

Duration of Last Sickness, 3 or 4 days 2 hours before death 1 day saw her for final time

All the above information should be furnished by the Physician.

Place of Burial, Wash Cemetery

Date of Burial, Jan 14

{ Undertaker, John H. Owens } Frederick Corda M.D., Medical Attendant.

{ Place of Business, 225 E. Baltimore } Address, 146 Hammond St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45568

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, January 19.

{ Undertaker, B. H. H. H.

{ Place of Business, 82 West 14

Address, 313 Light St

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH.



Date of Death, January 18<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ricke Schloss,

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, Sixty five Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany,

Duration of Residence in the City of Baltimore, Thirty four years

Place of Death, { Give street and number } 217 S. Broadway

Cause of Death { First, (Primary,) Second, (Immediate,) } Bright's Disease

Duration of last Sickness, Twelve months

All the above information should be furnished by the Physician.

Place of Burial Lloyd Heberer Cemetery

Date of Burial, Janar 20<sup>th</sup> 1881

Undertaker, Wm. Eilau

Place of Business, 101 Gough St

Nicholas L. Gushik M. D.  
Medical Attendant.

Address, 207 S. Broadway

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *January 18<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Jacob Greenwald*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *33* Years, ☒ Months, ☒ Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Sailor*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *U. S.*

Duration of Residence in the City of Baltimore, *Ten years*

Place of Death, { Give street and number. } *Hebrew Hospital*

Cause of Death, { First (Primary,) *Consumption* Second (Immediate,) *Exhaustion* }

Duration of Last Sickness, *was in the Hospital 6 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Oak Hill Cemetery*

Date of Burial, *Jan 19<sup>th</sup> 1881*

{ Undertaker, *Wm. E. Egan* Address

{ Place of Business, *101 Gough St*

*A. J. Greenwald* M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Jan. 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen J. Welley

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 39 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Red

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 76 N. Eyster

Cause of Death, { First, (Primary) \_\_\_\_\_  
Second, (Immediate,) Spasm of heart

Duration of last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Shap. n Cemetery

Date of Burial, Jan. 19<sup>th</sup> 1881

E. L. Baldwin M. D.  
Medical Attendant.

{ Undertaker, Theodore Parks

{ Place of Business, 83 Jefferson st.

Address, 124 N. Eyster

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 418572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan'y. 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Henry Albers

Sex, Male ~~& Female~~, { cross out the word not required in this line. }

Age, Four Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Four years

Place of Death, { Give street and number } 117 S. Washington St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Varicellae  
Pneumonia

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 14 January 1881

Undertaker, John E. Schuch

Place of Business, 265 E. Calver St.

James Bacon M. D.  
Medical Attendant.

Address, Cor. Argyle and Mesher St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



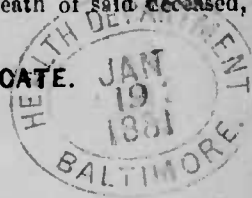
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 415573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Frank W. } Parents  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, Years, Months, Ten Days.  
Color, Mulatto Sex, male  
Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
Occupation,  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } 113 Pearl St.  
Duration of Residence in the City of Baltimore,  
Place of Death, { Give street and number. } 113 Pearl St.  
Cause of Death, { First (Primary,) Second (Immediate,) } About 12 hours  
Duration of Last Sickness, Two or three days  
All the above information should be furnished by the Physician.  
Place of Burial, Laurel Cemetery Merrick S. K. M. D.  
Date of Burial, Jan 19th 1881 Medical Attendant.  
{ Undertaker, Henry E. Maitre Address 181 W. 3rd St.  
{ Place of Business, # 440 W. 3rd St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of

## Board of Health, City of Baltimore,

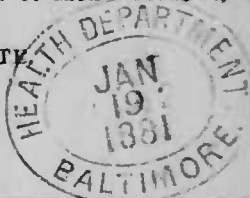
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Jan 17 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard O. Briggs.

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 50 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married ✓

Occupation, Farmer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give street and number } 280 Hollis St.

Cause of Death { First, (Primary.) Spinal Disease  
Second, (Immediate.) Pneumonia - Dropsy

Duration of last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 20, 1881

Undertaker, M. A. Duggin

Place of Business, 74 S. Broadway Address, \_\_\_\_\_

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2 And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

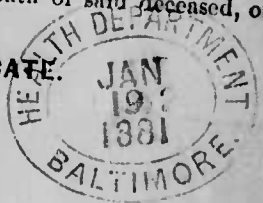
# Board of Health, City of Baltimore,

Permit No. 45575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Jan 17, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eveline Jennie Edgerson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, two Months, two Days, Color, Colored Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } 13 Lin Alley

Cause of Death, { First (Primary,) Capillary Bronchitis  
Second (Immediate,) }  
Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter Cemetery

Date of Burial, January 19th 1881

Undertaker, Wm. Bishop Jr.

Place of Business, 401 East - 2nd St.

B. F. Herman M. D.  
Medical Attendant.

Address 10175 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie Lee Ashton

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 5 Years, 5 Months, — Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and number } 26 Little Monument St.

Cause of Death { First, (Primary,) Granulation  
Second, (Immediate,) 2 weeks

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 20<sup>th</sup> 1881

{ Undertaker, Wm. H. Bishop & Co.

{ Place of Business, Wm. H. Bishop & Co. Address, 150 N. Eutaw St.

J. A. Gilliss M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ralph Appleby

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } #72 S. Stricker St. Balt.

Cause of Death { First, (Primary.) Diphtheria  
Second, (Immediate,) Croup }

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Jan 20<sup>th</sup> 1880

Undertaker, J. B. Leavelle

Place of Business, \_\_\_\_\_

Thos. Chew, M.D.  
Medical Attendant.

Address, 373 N. Fayette St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANT & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45378

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan 19 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Schad

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years, Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany (27 yrs in America)

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number. } St. Joseph's Hospital

Cause of Death, { First, (Primary.) Apoplexy  
Second, (Immediate.) Asthma }

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 21 1881

Undertaker, M. Brance

Place of Business, 280 Centre Address, 1883, Calverton

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

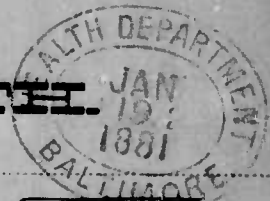
Permit No. 45579

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Jan. 18. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Anger

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 27 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Nurse

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, 4 1/2 Years

Place of Death, { Give street and number. } 188 Carter Ave

Cause of Death, { First, (Primary.) Metrorrhagia (5th day of observed) Second, (Immediate.) Collapse }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Cemetery

Date of Burial, January 20

{ Undertaker, W. Dippel }

{ Place of Business, 157 S Bond }

Address, 945 T. Baltimore

J. H. H. M.D.,  
Medical Attendant

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, January 14th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estella Kirschner

Sex, Male or Female, { Cross out the words not required in this line. } female

Age, 3 Years, 10 Months, 19 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } Corn S Green & German St

Cause of Death, { First (Primary,) Tubercular meningitis  
Second (Immediate,) Exhaustion }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 19

Undertaker, C. H. Blizman

Place of Business, 201 N. 1st St

Dr. J. P. Richardson M.D.  
Medical Attendant.

Address, 224 W Fayette Street

### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~separately~~ <sup>and</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan. 17, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas. Jackson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 5-8 Years, — Months, — Days.

Color, Red

Married, Single, Widow or (Widower, { Cross out the word not required in this line. } ) Married

Occupation, Whitewasher

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Ind -

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and number } 114 Chestnut St

Cause of Death, { First, (Primary.) } Tuber culosis  
{ Second, (Immediate,) } Asthma

Duration of last Sickness, 8 mos -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 20, 1887 W. D. Street Medical Attendant

{ Undertaker, A. W. Wynn

{ Place of Business, Forty Ave Address, 143 E. Eyster St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[974]



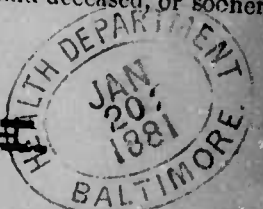
Permit No. 45582

Board of Health, City of Baltimore

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death,

Jan 18th 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Mary E. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Female

Age, Years,

Two

Months,

Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.}

#38 Forest St

Cause of Death, {First, (Primary.)}

Pneumonia

{Second, (Immediate.)}

asphyxia

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 20th 1881

{Undertaker, Geo W. Perkins Jr

{Place of Business, 130 Bennett St

Same J. B. Bell M.D., Medical Attendant.

#34 N. E. St Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 415583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 19 Jan 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Cunningham

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 80 Years, 22 Months,  Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore, 80 yrs

Place of Death, { Give street and number } Aged Womens Home

Cause of Death { First, (Primary.) Second, (Immediate.) } Paralysis

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 20<sup>th</sup> January 1881

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St. Address, 1 Manly Corner

Geo. H. Hap M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

Permit No. *245584*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, *Jan. 20, 1881*

Full Name of Deceased, *Clarence Bannum*

Sex, Male or Female, *Male*

Age, *7* Years, *7* Months, *17* Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, *Single*

Occupation, *None*

Birthplace, *Washington D.C. near the*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, *Washington near the*

Cause of Death, *Cerebral Meningitis*

Duration of Last Sickness, *One month*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Olivet*

Date of Burial, *Jan 21 1881*

Undertaker, *W. G. Dieckman*

Place of Business, *340 N. Broadway*

*W. H. Pile* M.D.,  
Medical Attendant.

Address, *340 N. Broadway*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George M. Burke & Margaret Burke

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, city

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) premature stopping of the umbilical cord  
Second, (Immediate,) hemorrhage

Duration of last Sickness, sudden

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cem

Date of Burial, Jan 20<sup>th</sup> 1881 J. H. Murray M. D.

Medical Attendant.

Undertaker, Wm. T. G. Denny

Place of Business, 263 Legat St Address, 76 Race St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

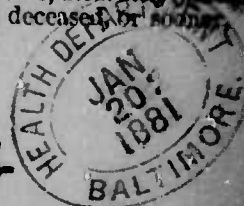
# Board of Health, City of Baltimore

Permit No. 45386

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 1/2 Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 21st/81

Undertaker, George Schilling

Place of Business, at Island Spruce

Edward J. McKeite M.D.,

Medical Attendant.

Address, 169 N. Calver St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

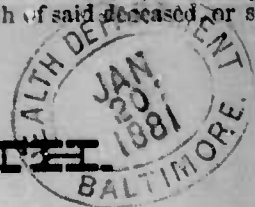
# Board of Health, City of Baltimore

Permit No. 45587

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan. 19. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary N Emmert

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, Months, Days.

Color, wht

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 104 N. Poca.

Cause of Death, { First, (Primary.) Scarletina }  
{ Second, (Immediate.) }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Jan 20<sup>th</sup> 1881

{ Undertaker, L. Lewis Schaefer }  
{ Place of Business, 109 W. Fremont } Address, 129 W. Biddle

Medical Attendant, G. Lane Druryhill M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48588

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, Years,

Months,

Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Cemetery*

Date of Burial, *Jan 20 1881*

{ Undertaker, *W. H. Case*

{ Place of Business, *18 Howard*

Address, *243 Washington*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 48589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan'y 19 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Anderson

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 47 Years, 5 Months, 5 Days

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, House-keeper

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto.

Duration of Residence in the City of Baltimore, 47 yrs

Place of Death, { Give street and number. } 313 Hamburg St.

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Cemetery

Date of Burial, Jan'y 21 1881

{ Undertaker, Wm. H. Chase

{ Place of Business, 15 Howard St.

R. C. Lee M.D.  
Medical Attendant.

Address, Hamburg & Barris Sts

### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45390

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *January 19, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Anthony Nichols*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *41* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *Labourer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Eastern Shore*

Duration of Residence in the City of Baltimore, *8 Years*

Place of Death, { Give street and number. } *8 Ave. Alley*

Cause of Death, { First, (Primary.) *8 Ave. Alley* Second, (Immediate.) *Pneumonia Pulmonalis* }

Duration of Last Sickness, *Three Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Marble Cemetery*

Date of Burial, *Jan 21 1881*

{ Undertaker, *W. H. Chase*

{ Place of Business, *198 Howard St*

Address, *299 E. Baltimore Street*

*James E. Dorrille* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



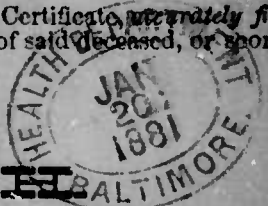
# Board of Health, City of Baltimore,

Permit No. 45891

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 18 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Floyd Young

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 Years, 5 Months, Days.

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Porter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Alexandria Va

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number. } 5 Row St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 20 1881

{ Undertaker, John L Jordan

{ Place of Business, No 63 Park St

Wm H. M.D.,  
Medical Attendant.

Address, 610 W Balto St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Hewitt

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Ninety Years, — Months, — Days.

Color, Brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Domestic

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, Seventyfive Years

Place of Death, { Give street and number } 64 Bank Street

Cause of Death, { First, (Primary.) Second, (Immediate,) } Old age  
Varicose Ulcers of Legs. Exhaustion

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Jan 20th 1881

{ Undertaker, Rev J Lock

{ Place of Business, 1473 Jefferson Address, 1306 Fayette Street

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan. 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza McCoy

(Mother)

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 1 1/2 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City of Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 13 S. Register St.

Cause of Death { First, (Primary,) Spasms }  
{ Second, (Immediate,) \_\_\_\_\_ }

Duration of last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, G. P. Cemetery

Date of Burial, January 19

Undertaker, Patrick Mullin

Place of Business, \_\_\_\_\_

Address, 19 S. E. Avenue

Edw. M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45594

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, *January 19 1881*  
Full Name of Deceased, *Mrs P. A. Grop*  
Write legibly and spell correctly. If an Infant not named, give names of parents.  
Sex, Male or Female, *Female*  
Cross out the word not required in this line.  
Age, *71* Years, *3* Months, *19* Days.  
Color, *White*  
Married, Single, Widow or Widower, *Married - Widow*  
Cross out the word not required in this line.  
Occupation, *XXX*  
Birthplace, *Patterson N.J. Cotohrie N.Y.*  
State or Country and how long in the United States, if of foreign birth.  
Duration of Residence in the City of Baltimore, *21 Years*  
Place of Death, *327 N. Caroline*  
Give street and number.  
Cause of Death, *Double Pneumonia*  
First, (Primary).  
Second, (Immediate).  
Duration of Last Sickness, *Five days.*  
All the above information should be furnished by the Physician.  
Place of Burial, *Green Mount Cemetery*  
Date of Burial, *Jan 22 1881*  
*James E. Drumille* M.D.,  
Medical Attendant.  
Undertaker, *Thos. J. Hughes*  
Place of Business, *164 E. Balto* Address, *299 E. Baltimore St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

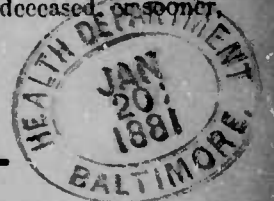
# Board of Health, City of Baltimore,

Permit No. *4539*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, *on penalty* if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *January 19, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Alice E. McLeod*

Sex, Male or *Female*, { Cross out the word not required in this line. }

Age, *38* Years, Months, Days.

Color, *Color*

Married, *Single*, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Occupation*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Washington, D.C.*

Duration of Residence in the City of Baltimore, *7 years*

Place of Death, { Give street and number. } *30 Granby St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pneumonia*  
*Suppurative Infiltration*

Duration of Last Sickness, *Three months*

All the above information should be furnished by the Physician.

Place of Burial, *Washington D.C.*

Date of Burial, *Jan 22 1881* *H. M. White*, M.D.,  
Medical Attendant.

{ Undertaker, *Thos J Hughes*

{ Place of Business, *14 E Baltimore* Address, *347 N Broadway*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*2034 Hansel*

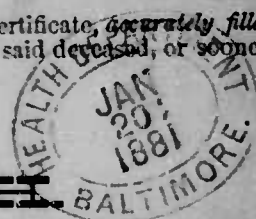
# Board of Health, City of Baltimore,

Permit No. 45396

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>carefully filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 19<sup>th</sup> 1891

Full Name of Deceased, <sup>Write legibly and spell correctly. If an Infant not named, give names of parents.</sup> Therese Schrad

Sex, ~~Male~~ or Female, <sup>Cross out the word not required in this line.</sup>

Age, 9 Years, — Months, — Days.

Color, blond

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, <sup>Cross out the word not required in this line.</sup>

Occupation, —

Birthplace, <sup>State or Country and how long in the United States, if of foreign birth.</sup> Prussia

Duration of Residence in the City of Baltimore, Life time

Place of Death, <sup>Give street and number.</sup> 171 E. Lombard St

Cause of Death, <sup>First, (Primary.)</sup> Typhoid abdominal  
<sup>Second, (Immediate.)</sup> Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Jan. 20<sup>th</sup>

Undertaker, H. Dippel

Place of Business, St. Boniface 151

W. H. H. H. H. M.D.,  
Medical Attendant  
Address, 140 E. Lombard St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 20<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Randolph H. H. H.

Sex, Male or Female, { cross out the word not required in this line. }

Age, 8 Years, 2 Months, 26 Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number } 21 St. James St.

Cause of Death { First, (Primary,) Scarlet fever  
Second, (Immediate,) Septicemia

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Jan 21 W. W. C. Colburn M. D.  
Medical Attendant.

{ Undertaker, J. B. Cook

{ Place of Business, 707 W. 13th St. Address, 313 The Lombard

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45598

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased *or sooner*, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, January 20th 1881  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Hawkins  
 Sex, Male or Female, { Cross out the word not required in this line. }  
 Age, 23 Years, — Months, — Days.  
 Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Paper hanger

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number. } 7 Cathedral St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pulmonary Phthisis  
tubercula

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 21st Jan'y. 1881

{ Undertaker, H.W. Jenkins & Son

{ Place of Business, 16 Light St.

Henry Salzer M.D.,  
 Medical Attendant.

Address, 163 W. Truitt

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

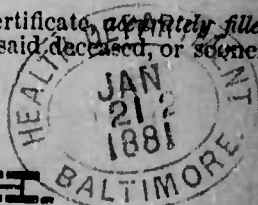
# Board of Health, City of Baltimore,

Permit No. 45599

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *January 20<sup>th</sup> (Supper) 1887*  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *May Colb*  
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }  
 Age, *43* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
 Color, *W*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) } *Heart Disease*  
 { Second, (Immediate.) }

Duration of Last Sickness, *Sudden Death*

All the above information should be furnished by the Physician.

Place of Burial, *Sevier Hill Cemetery*

Date of Burial, *January 22<sup>nd</sup>*

{ Undertaker, *B. A. Clark*

{ Place of Business, *418 1/2 West St.*

*Chas. M. Wright* M.D.,  
*Corner E. & B.* Medical Attendant.

Address, *67 E. Baltimore St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



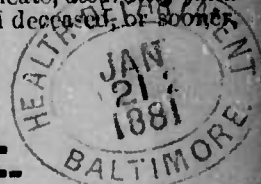
# Board of Health, City of Baltimore

Permit No. 45600

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *January 20, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ella Grace Howell*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *Years*, *Months*, *1* *Days*

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Baltimore Md*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

*120 Scott St*

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

*Pulmonary Edema*

Duration of Last Sickness,

*Lifetime*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *Jan 21 1881*

*James Bosley* M.D.,  
Medical Attendant

Undertaker, *A. M. Leonard*

Place of Business, *782 W Baltimore*

Address, *319 Hollister*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

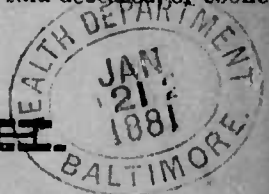
# Board of Health, City of Baltimore.

Permit No. *45601*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *Jan. 20<sup>th</sup>*  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Lavinia P. Blades*  
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }  
 Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *Five* Weeks \_\_\_\_\_ Days.  
 Color, *white*  
 Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }  
 Occupation, \_\_\_\_\_  
 Birthplace, { State or Country and how long in the United States, if of foreign birth. }  
 Duration of Residence in the City of Baltimore, *life time*  
 Place of Death, { Give street and number. } *26 S. Eden St.*  
 Cause of Death, { First, (Primary.) Second, (Immediate.) } *Inanition*  
 Duration of Last Sickness, *not 1 month*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Carmel Cemetery*  
 Date of Burial, *Jan 22<sup>nd</sup> 1881*  
 Undertaker, *Denny & Mitchell*  
 Place of Business, *68 S Broadway* Address, *Geo. S. Cannon M.D., Medical Attendant.*  
*13 E Pratt St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

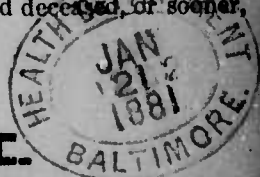
# Board of Health, City of Baltimore

Permit No. 45602

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Jan. 21/81  
 Full Name of Deceased, <sup>Write legibly and spell correctly. If an Infant not named, give names of parents.</sup> Elizabeth M. King  
 Sex, ~~Male~~ or Female, <sup>Cross out the word not required in this line.</sup>  
 Age, 7 Years, 4 Months, 7 Days.  
 Color, white  
 Married, Single, Widow or Widower, <sup>Cross out the word not required in this line.</sup>  
 Occupation, Bal. cit  
 Birthplace, <sup>State or Country and how long in the United States, if of foreign birth.</sup>  
 Duration of Residence in the City of Baltimore, 129  
 Place of Death, <sup>Give street and number.</sup> St. Eden St.  
 Cause of Death, <sup>First, (Primary.)</sup> Gastro-Enteric fever  
<sup>Second, (Immediate.)</sup>  
 Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery  
 Date of Burial, January 23<sup>rd</sup> 1881  
 Undertaker, Denny & Mitchell  
 Place of Business, 63 S Broadway  
 Address, 117 S Broadway  
 R. W. Mansfield M.D.,  
 Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 445603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 20th Jan. 1/2 Past 3 o'clock a.m. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cora E. McFadyen

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 Years, 2 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Child

Occupation, Child

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number } 272 W. Lombard Street

Cause of Death { First, (Primary.) Diphtheria  
Second, (Immediate.)

Duration of last Sickness, 7 days

Place of Burial, St Peter Cemetery

Date of Burial, Jan 21, 1881

Undertaker, Philip J. Dill

Place of Business, 183 Columbia Ave. Address, Lombard & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND SEATONERS.

[OVER]

No. 27-01  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 457004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 20 - 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. William B. Lovie

Sex, Male or Female, cross out the word not required in this line. Male

Age, Three Years, 11 Months, Seven Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line. Single

Occupation, \_\_\_\_\_

Birthplace, State or country, (and how long in the United States, if of foreign birth.) Philadelphia

Duration of Residence in the City of Baltimore, Three Years

Place of Death, Give street and number No. 92 North Broadway

Cause of Death, First, (Primary.) Scarlet Fever  
Second, (Immediate.)

Duration of last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 22<sup>nd</sup> 1881

Undertaker, Row & Bartlett

Place of Business, 62 1/2 W. Balt St Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

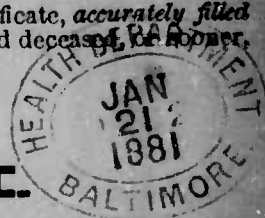
# Board of Health, City of Baltimore

Permit No. 45605

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Jan 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Hazel.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 35 Years, Months, Days.

Color, Colored.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, "Machinewoman."

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, 11 yrs.

Place of Death, { Give street and number. } 26 Shuler St

Cause of Death, { First, (Primary.) Puerperal Septicemia  
Second, (Immediate.) Exhaustion, (Attended by Indigestion)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Annapolis md

Date of Burial, Jan 21<sup>st</sup> 1881

{ Undertaker, Hornsley & Madden

{ Place of Business, 116 Orchard St Address, 202 N. Broadway

J. W. Chambers M.D.,

Medical Attendant.

Per 872ayl. M. D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 2035



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

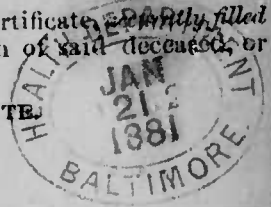
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>properly filled</sup> ~~out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Dec 20<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ambrose Robertson

Sex, Male or Female, { cross out the word not required in this line. } M

Age, 4 Years, 3 Months, 20 Days.

Color, E

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 7 L. Pine St

Cause of Death { First, (Primary,) Bronchitis  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharplemester

Date of Burial, Jan 21

R. G. Ginslow

M. D.

Medical Attendant.

{ Undertaker, John H. Owens

{ Place of Business, 225 S. Kenton

Address, 201 W. Biddle St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 21-12  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

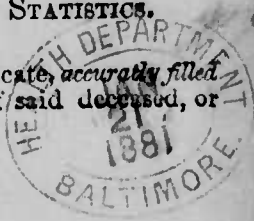
## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



### CERTIFICATE OF DEATH.

Date of Death, Jan'y 20 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jane

Sex, Male or Female, { cross out the word not required in this line. }

Age, 7 Years, 17 Months, 17 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Italy

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 228 Angles St

Place of Death, { Give street and number }

Cause of Death, { First, (Primary.) pneumonia Second, (Immediate,) 3 days }

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western. Cem

Date of Burial, January 22nd

Undertaker, Wm. G. Tucker

Place of Business, 65 S. Eutaw St Address, Medical Attendant, D. C. Shaw M. D.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

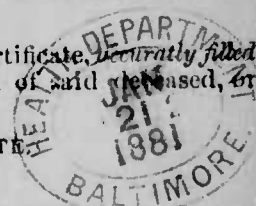
## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said *deceased*, *or* sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



### CERTIFICATE OF DEATH.

Date of Death, Jan. 20 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Juliana Schaffer

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 56 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number } 88 Sommers St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Paralysis  
second attack of apoplexy

Duration of last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, January 22, 1881 Abraham B. Quindt M. D.

Medical Attendant.

{ Undertaker, Henry Hock

{ Place of Business, 309 Capreol Ave Address, \_\_\_\_\_

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



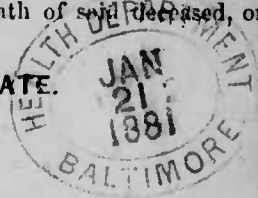
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 418609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, *January 21, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles Williams.*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Three* Years, *Months*, *Days*.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *No. 522 Harford avenue*

Duration of Residence in the City of Baltimore, *Three months*

Place of Death, { Give street and number. } *No. 522 Harford avenue.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Convulsions.-(Death had taken place just previous to my arrival)*

Duration of Last Sickness, *But a short time. (not known) on waking in morning discovered its illness.*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Jan 23 1881*

{ Undertaker, Place of Business, } *George E. Schilling, Ashland Square*

Address *559 Harford avenue, Balt., Md.*

*Aug. A. Clewell M. D.*  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan. 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jane Maker

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 2 Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 18 Rice St

Cause of Death { First, (Primary.) \_\_\_\_\_  
Second, (Immediate,) \_\_\_\_\_ } Concussion  
One day

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Ward 12

Date of Burial, Jan. 21 1881

{ Undertaker, W. Chase

{ Place of Business, 175 Howard

B. J. Phillips M. D.  
Medical Attendant.

Address, 327 W. Lombard St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Shorter

Sex, Male or Female, { cross out the word not required in this line. }

Age, twenty seven Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housemaid

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Prince George City Md

Duration of Residence in the City of Baltimore, Not known

Place of Death, { Give street and number } 132 York St

Cause of Death { First, (Primary,) Broncho-Pneumonia  
Second, (Immediate,) }

Duration of last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, Jan 21 1881

{ Undertaker, W. H. Chase } M. D. Medical Attendant.

{ Place of Business, 18 Howard St } Address, 77 Hill St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 45612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 20<sup>th</sup>/81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bernatina Wierke

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 82 Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prussia. Germ.

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, { Give street and number. } No. 44 and 46 Thames st.

Cause of Death, { First (Primary), Second (Immediate), } Corporeal

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery C. M. Schutte M. D. Medical Attendant.

Date of Burial, 22<sup>nd</sup> Janr. 1881

{ Undertaker, Wm. Nicholas

{ Place of Business, 258 Alice Ann. Str.

Address S.W. cor Volpyrt & Canton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 20<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel J. Knight

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 63 Years, 1 Months,      Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Physician

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life Residence

Place of Death, { Give street and number } 112 N. Greene St.

Cause of Death, { First, (Primary,) Angina Pectoris. Second, (Immediate,) six months. }

Duration of last Sickness,       
All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, Jan 23<sup>rd</sup> 1881

Undertaker, Frederick Schwab

Place of Business, 109 N. Fremont

Louis W. Knight M. D.  
Medical Attendant.

Address, 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Undertaker, when the case comes under his notice, to furnish within forty-eight hours after the death to the Registrar, a Certificate, whether married or single, and whether he has or has not legitimate children, as far as the same can be ascertained, the full name of the deceased, his age and date of death, his occupation, his place of birth, his place of residence, his place of death, his cause and date of death, and the place of burial.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Monday Jan 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Bertrand

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years 11 Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Student

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } H. 25 Green St

Cause of Death { First, (Primary.) Acute Capillary Pneumonia  
Second, (Immediate.) one week

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, Jan 22d Wm. B. Smith M. D. Medical Attendant.

{ Undertaker, H. C. Woodfield

{ Place of Business, 70 Green St Address, 25 Green St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 20 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Fred. Wegner

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 8 1/2 Years, 11 Months,        Days.

Color,       

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Bookkeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,       

Place of Death, { Give street and number } 46 Clark St

Cause of Death { First, (Primary.) Second, (Immediate.) } Consumption of lungs  
Anemia

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, January 22 1887

Undertaker, Chas. T. Shriver

Place of Business, 271 N. Euterpe Address, 187 N. Fayette

E. J. M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 21

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth Brown

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 11 Years, 11 Months, 28 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 227 William St.

Cause of Death { First, (Primary.) } Capillary  
Second, (Immediate,) Bronchitis  
2 wks

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, January 23

Undertaker, B. Thayer

Place of Business, 82 West St.

Address, 108 Sharp St.

M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

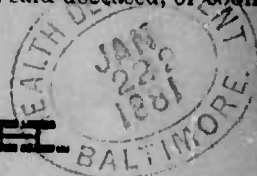
# Board of Health, City of Baltimore

Permit No. 45617

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan 21<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alexander Kennedy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6<sup>8</sup> Years, 6 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 41 years

Place of Death, { Give street and number. } N Eden St No 192

Cause of Death, { First, (Primary.) } Droopy  
{ Second, (Immediate.) }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 24<sup>th</sup>

{ Undertaker, Geo Schelling

{ Place of Business, Ashland Square

Address, 6 N Eden St No 192

C. L. Nelson M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 20 - 920 P.M. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah C. Williams

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 37 Years, 2 Months, — Days.

Color, Black Sex, Female

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Lamdress

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prince Georges Co Md

Duration of Residence in the City of Baltimore, about 22 yrs

Place of Death, { Give street and number. } 2 11/2 ton St

Cause of Death, { First (Primary,) Second (Immediate,) } Typhoid Pneumonia  
Exhaustion

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 22 1881 Nicholas G. Fidgets M. D.  
Medical Attendant.

{ Undertaker, William D Gray Address 69 McCulloh St

{ Place of Business, #65 Mulberry St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON THE REVERSE OF THIS CERTIFICATE.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, January 21st

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John N. Colburn

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 8 weeks Years, Months Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 8 weeks

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) (7 months child) General Congestion  
Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, January 24th 1881

Undertaker, W. B. Griffith

Place of Business, Willow St

W. B. Griffith

M. D.

Medical Attendant,

Address, 218 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

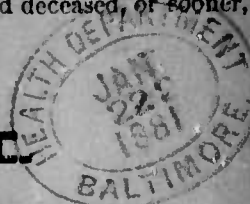
# Board of Health, City of Baltimore

Permit No. 45620

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan - 20<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Henry Woods

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 49 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 1 Talbot Court

Cause of Death, { First, (Primary.) Unknown  
Second, (Immediate.) Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 22 Jan 1881

{ Undertaker, Theodore Locks

{ Place of Business, 23 Jefferson St Address, 137 Williams St.

J. J. Groff M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. 45621

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan 21<sup>st</sup> 81

Full Name of Deceased, Mary A. Kenny  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 12 Years, 2 Months, 27 Days.

Color, White

Married, Single, Widow or Widower,   
{ Cross out the word not required in this line. }

Occupation,   
 Birthplace, Baltimore City  
{ State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, No 79 S Green St  
{ Give street and number. }

Cause of Death, Burn  
{ First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, 14 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's City

Date of Burial, Jan'y 21<sup>st</sup> 1881

Undertaker, John Shacher

Place of Business, Deca & Camden

Medical Attendant, J E Wainbl M.D.,

Address, 205 W Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Board of Health is respectfully invited to the remarks below, and to list of diseases on the

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

• No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 22nd 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named; give names of parents. } William Lawrence Kuhn

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 23 Years, - 2 Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number } 437 Lexington St

Cause of Death { First, (Primary,) Diphtheria  
Second, (Immediate,) Diphtheritic Croup

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Ch. Reily Landis Monument Co

Date of Burial, Jan 23

A. C. P. M. D.  
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 727 W. 1st St Address, Cor Fayette & Schroeder Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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2036 Frank

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 20<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Henry East

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 2 Months, 26 Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 31 Simon St

Cause of Death { First, (Primary.) Diphtheria  
Second, (Immediate,) Sephenemia

Duration of last Sickness, 4 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, January 22 A. W. Colburn M. D.  
Medical Attendant.

{ Undertaker, J. A. Cook

{ Place of Business, 707 West Baltimore Address, 310 Th. Lombard St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 418624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

January 21 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Brower

Sex, Male or Female, { cross out the word not required in this line. }

Age,

71 Years,

Months,

Days.

Color,

Black

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

No 4 Boulder Alley,

Cause of Death

{ First, (Primary.)

Second, (Immediate.)

Congestion of the Brain

Duration of last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial,

New Sharp St

Date of Burial,

Jan 22

Chas. Lawrence

M. D.

Medical Attendant.

{ Undertaker,

J. C. Brough

{ Place of Business,

319 Penn Ave

Address,

92 Harbor St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

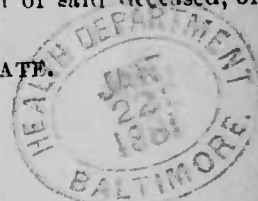
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 20th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry King

Sex, Male ~~or Female~~, { Cross out the words not required in this line. } Male

Age, 4 9 Years, 7 Months, 16 Days

Color, Black.

Married, ~~Single~~ ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Shoe Maker

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Maine, Genesee Co.

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, { Give street and number. } 52 King St.

Cause of Death, { First (Primary.) Hemorrhage Stomach }  
{ Second (Immediate.) } 3 days

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cemetery

Date of Burial, Jan 22nd 1881

{ Undertaker, Saml W. Chase }  
{ Place of Business, Howard St }

Address, 406 Cross St.

L. H. F. Ball M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Jan 21st 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Susan Needgdon

Sex, Male or Female, { cross out the word not required in this line. }

Age, Twenty three Years,

one

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

None

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

New Hampshire

Duration of Residence in the City of Baltimore,

Three months

Place of Death, { Give street and number }

125 Edmondson Ave

Cause of Death { First, (Primary.)

Phthisis Pulmonalis 6 yrs

Second, (Immediate.)

Pneumonia

4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Boston Mass.

Date of Burial,

Jan 24. 1881

Elias C Price M. D.

Medical Attendant.

{ Undertaker,

Armstrong & Denney

{ Place of Business,

#203 Light St

Address,

262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Transit 203



# Board of Health, City of Baltimore

Permit No. 48627

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan 21st 1881

Full Name of Deceased, Joseph Trager

Sex, Male or Female, Male

Age, 8 Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation,

Birthplace, Baltimore

Duration of Residence in the City of Baltimore, 21 years

Place of Death, 125 S. Washington St.

Cause of Death, First, (Primary.) Spasms  
Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sunday 23rd

Undertaker, Menor Dippel

Place of Business, 201 S. Bond St. Address, 201 S. Bond St.

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

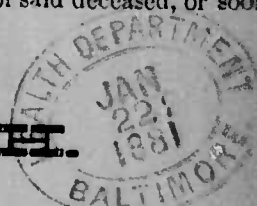
# Board of Health, City of Baltimore

Permit No. 45628

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, January 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Judith Sadron Chiffelle

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 65 Years, 9 Months, Days.

Color, White

Married, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Charleston Sc

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 11 Calhoun St

Cause of Death, { First, (Primary.) Bright's Disease  
Second, (Immediate.) Uraemia

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 23rd Jan 1881

Undertaker, W W Jenkins Son

Place of Business, 16 Light St

Medical Attendant, Reginald Buckler M.D., Address, 135 N Charles St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 20<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida May Hunt

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 7 Years, 8 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number } 258 Gough St

Cause of Death { First, (Primary.) Diphtheria  
Second, (Immediate.)

Duration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, London Park, Cem

Date of Burial, Jan. 22, 1881

Undertaker, H. A. Day Jr

Place of Business, 74 S. Broadway

D. W. Cathell M. D.  
Medical Attendant.

Address, 2 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, January 21/81  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katie & Vody  
Sex, ~~Male or~~ Female, { Cross out the word not required in this line. } Female  
Age, 9 Years, Months, Days  
Color, White  
Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
Occupation,  
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } City of Baltimore  
Duration of Residence in the City of Baltimore,  
Place of Death, { Give street and number. } 411 Forrest Str  
Cause of Death, { First (Primary,) acute Bronchitis  
Second (Immediate,)  
Duration of Last Sickness, 3 days  
All the above information should be furnished by the Physician.  
Place of Burial, Alphonus Cemetery  
Date of Burial, January 23  
Undertaker, W. D. Dipe  
Place of Business, 154 Bond  
Address 145 N. 5th St  
A. Aronson M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 40631 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, January 21<sup>st</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann Hoof

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, Fifty Eight Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, house.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Twenty Eight years

Place of Death, { Give street and number. } 181 N. Dallas St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia - Emphysema

Duration of Last Sickness, about three months.

All the above information should be furnished by the Physician.

Place of Burial, \_\_\_\_\_

Date of Burial, Jan 24<sup>th</sup> 1881 Geo. D. Dwyer M.D.,  
Medical Attendant.

{ Undertaker, \_\_\_\_\_

{ Place of Business, \_\_\_\_\_ Address, 222 N. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 22nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frances Blessing

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 Years, 3 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 70 Bank St

Cause of Death { First, (Primary.) Tuberculous Meningitis }  
Second, (Immediate,) ✓

Duration of last Sickness, About two months.

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Cemetery

Date of Burial, January 24th

Undertaker, Mrs. R. Foellick

Place of Business, 244 Eastern Ave.

Address, 213 Broadway

D. W. C. Athell M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



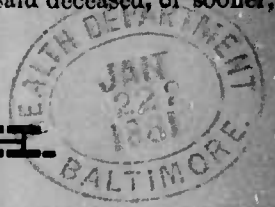
# Board of Health, City of Baltimore

Permit No. 45633

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, January 21<sup>st</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. James Wilson

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, 24 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.

Occupation, Freeman

Birthplace, State or Country and how long in the United States, if of foreign birth. Balt

Duration of Residence in the City of Baltimore, all life ✓

Place of Death, Give street and number. 32 Forest St

Cause of Death, First, (Primary.) Accidentally mangled by own cart  
Second, (Immediate.)

Duration of Last Sickness, 1 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 23<sup>d</sup> 1881

Undertaker, William H. Dunge

Place of Business, No 62 East St

Address, Corner M & D

Edmund D. R. Allen M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

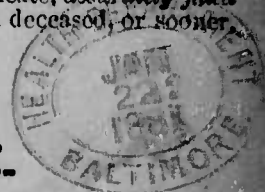
# Board of Health, City of Baltimore

Permit No. 45634

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Jan 23 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 8 Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

30 Jefferson St

Cause of Death, { First, (Primary.) }

6 weeks since I suffered

Second, (Immediate.)

from catching

Duration of Last Sickness,

about 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Calvary St. Cemetery

Date of Burial, January 23 1881

Undertaker, William H. Dwyer

Place of Business, No 62 East St

Chas. W. M.D.,  
Corner E. & B. Medical Attendant.

Address, 67 E. 1st St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45635

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

January 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Matthe Reed

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 3 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Eighteen

Place of Death, { Give street and number. }

51 Vincent St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Pneumonia

Duration of Last Sickness,

One month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 22nd 1881

Undertaker, William N. Dunge

Place of Business, No 62 East St

Address, 412 E. ...

J. C. ... M.D., Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 125  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 20<sup>th</sup> 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick J. Carpenter

Sex, Male or Female, { cross out the word not required in this line. } \*

Age, 23 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Brooklyn N. Y.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number } 266. German St.

Cause of Death, { First, (Primary.) Pulmonary Consumption  
Second, (Immediate,) —

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, Jan. 23<sup>rd</sup> 1888 Edw. L. Nicholson M. D.  
Medical Attendant.

{ Undertaker, Wm. H. Hickman  
Place of Business, 234 N. Gay St. Address, 283. W. Lombard St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 22d 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth M. Bennett

~~Sex, Male or~~ Female, { Cross out the word not required in this line. }

Age, 64. Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White Sex, Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, that of a devoted wife and mother

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, whole life

Place of Death, { Give street and number. } 185 St. Paul Street

Cause of Death, { First (Primary,) Second (Immediate.) } Bright's Disease  
Renal Dropsy

Duration of Last Sickness, About 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 25<sup>th</sup> 1881

{ Undertaker, Place of Business, } A. W. Jenkins & Son Address 146 Park Avenue

{ Medical Attendant, } H. C. Wilson M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

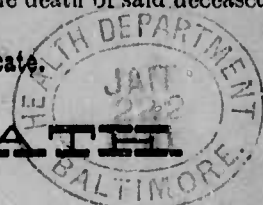
# Board of Health, City of Baltimore

Permit No. 45638

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *Jan 22nd 1887*

Full Name of Deceased, *Bridie Davis* Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Male or Female*, Cross out the word not required in this line.

Age, *25* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, State or Country and how long in the United States, if of foreign birth. *Balto City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, Give street and number. *5 Park*

Cause of Death, First, (Primary.) *Acute Tuberculosis* Second, (Immediate.)

Duration of Last Sickness, *8 Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *Jan 23 1887*

Undertaker, *Dr. Meyer*

Place of Business, *12 W Balto* Address, *Calvert Monument*

*George R. Meyer* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 45638

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, January 22nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Blanchard Albert*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *One (1)* Years, *One (1)* Months, *Seven (7)* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Ball City*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Prussia*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *510 E. Bay View Street*

Cause of Death, { First, (Primary.) *Subsclerous Meningitis* }  
 { Second, (Immediate.) *Marasmus* }

Duration of Last Sickness, *Eighteen (18) Days*

All the above information should be furnished by the Physician.

Place of Burial, *Greenwood*

Date of Burial, *Jan 24*

{ Undertaker, *John W. Jackson* }

{ Place of Business, *528 E. Bay View Street* Address, *528 E. Bay View Street* }

*W. B. Shaw* M.D.,  
 Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45640

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Jan 21

Full Name of Deceased, Nancy Harris { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 90 Years, - Months, - Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, -

Birthplace, { State or Country and how long in the United States, if of foreign birth. } New Market

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number. } 93 Dover St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } General Debility  
Exhaustion

Duration of Last Sickness, -

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Jan 24<sup>th</sup> 1881

R. B. Morrison

M.D.,

Medical Attendant.

{ Undertaker, Hercules Ross

{ Place of Business, -

Address, Balto. Genl. Dispensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

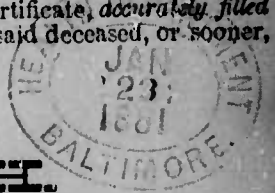
# Board of Health, City of Baltimore,

Permit No. **42641**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, **Jan. 22/81**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **John H. W. Becker**

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, **1** Years, **1** Months, **1** Days.

Color, **white**

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

**Balto. city**

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. }

**204 East. av.**

Cause of Death, { First, (Primary.) } **Catarrh fever**

{ Second, (Immediate.) }

Duration of Last Sickness, **4 days**

All the above information should be furnished by the Physician.

Place of Burial, **Balto. Mt. Carm.**

Date of Burial, **Jan. 24**

**R. W. Mansfield** M.D.,  
Medical Attendant.

{ Undertaker, **Henry Sander**

{ Place of Business, **282 Canton Ave.** Address, **117 S. Broadway**

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48,642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 22.

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Caroline Smith

Sex, ~~Male~~ or Female, Cross out the word not required in this line. Female

Age, 1 Years, 6 Months, 6 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, Cross out the words not required in this line. Single

Occupation, None

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, 51 Years

Place of Death, Give street and number. Resident 51

Cause of Death, First (Primary,) Second (Immediate,) Convulsions  
Exhaustion

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church John A. Schultz M. D.  
Medical Attendant.

Date of Burial, January 24

Undertaker, Peter Frey Address N E Cor Gough & Edmond

Place of Business, 91 Eastward Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

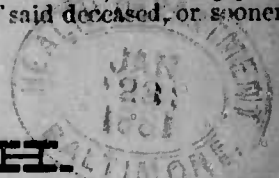
# Board of Health, City of Baltimore,

Permit No. 45,640

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Jan. 22, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie E. Stohr

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years, 3 Months, 27 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 783 N. Lombard St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption of Lungs

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Landon Park Cemetery

Date of Burial, January 24, 81 James Broderick M.D.,  
Medical Attendant.

{ Undertaker, Mr. J. Bell

{ Place of Business, 183 Columbia av. Address, 317 Hollies St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45644

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Jan 22-1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Vaughn

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 41 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Carpenter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give street and number. } 9 Bank

Cause of Death, { First, (Primary.) Spinal Curvature }  
{ Second, (Immediate) }

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 24<sup>th</sup> 1881

{ Undertaker, Henry W. Meads }  
{ Place of Business, 45 N Gay St }  
Address, 3996 Balto

James E. Swindle M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Henrietta Lauer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, a few hours Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Infant

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } 189 N. Wolf Street

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 189 N. Wolf Street

Cause of Death, { First (Primary,) Asphyxia  
Second (Immediate,) Passive congestion }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 24<sup>th</sup> 81

{ Undertaker, George Schilling  
Place of Business, Ashland Square }

Address 195 Arisquith Street

J. E. Whitford M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 22 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Bord

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 Years, 4 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 26 Paul St

Cause of Death { First, (Primary,) Abcess of Throat & Ear -  
Second, (Immediate,) Main Symptoms

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan. 24 1891

Undertaker, A B Arnold M. D. Medical Attendant.

Place of Business, 25 Paul St Address, \_\_\_\_\_

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

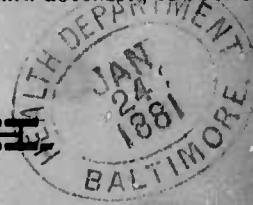
# Board of Health, City of Baltimore,

Permit No. 45647

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan 23<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Bozinger

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 8 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give street and number. } St. Anthony's Asylum, N. Central Ave.

Cause of Death, { First, (Primary.) } Diphtheria  
{ Second, (Immediate.) } of Brain

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, January 24, 1881 John B. McCombs M.D.,  
Medical Attendant.

{ Undertaker, Henry Stewer

{ Place of Business, 309 Central Ave Address, E. P. Colver & Read, Jr.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

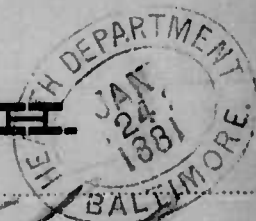
Permit No. 45648

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Jan 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Whal

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 77 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and number. } No. 117 Duncan Alley

Cause of Death, { First, (Primary.) } Old age

{ Second, (Immediate.) } 4 Days

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Cemetery

Date of Burial, Jan 24<sup>th</sup> 1881

{ Undertaker, Caspar Eckhardt

{ Place of Business, 269 Canton Ave

Address, 244 B. Street

Medical Attendant, M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45649

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

January 21, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Emma P. Stoddard

Sex, Male or Female,

Cross out the word not required in this line.

Age,

20

Years,

Months,

Days.

Color,

Married, Single,

Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give street and number.

426 N. Central Ave.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Phthisis Pulmonalis

Duration of Last Illness,

About two years

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

January 24, 1881

Undertaker,

Wm. H. Hickman

Place of Business,

234 N. Gay St.

Address,

347 N. Broadway

W. H. White, M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

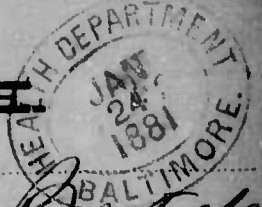
Permit No. 45650

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Jan 22. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helen Gillespie Bartok

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 7 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Balt. Red. ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Since birth

Duration of Residence in the City of Baltimore, 10 + 1/2 years or more.

Place of Death, { Give street and number. } 10 + 1/2 years or more.

Cause of Death, { First, (Primary.) } Scarlatina Morbiliosa  
 { Second, (Immediate.) } Convulsions  
 3 days

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan 24. 1881

{ Undertaker, M. A. Dwyer

{ Place of Business, 74 S. Broadway

G. G. Buck M.D.,  
 Medical Attendant.

Address, Balt. & Wash. Co.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 45651

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 23. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Capt. John Sill,

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 20 Years, 8 Months, 4 Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Mariner

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bermuda

Duration of Residence in the City of Baltimore, Eighty-two years

Place of Death, { Give street and number } 293 E. Market

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cerebral Hemorrhage  
Paraplegia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, January 25. 1880

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Dr. G. Carr M. D.  
Medical Attendant.

Address, Balt. Washers

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

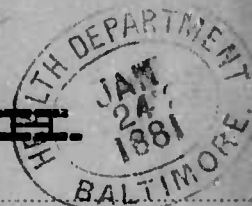
Permit No. 415652

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, January 23rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Keller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 31 Years, 2 Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Tailor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number. } No 11 S Dallas St

Cause of Death, { First, (Primary.) } Scrophula  
{ Second, (Immediate.) } Chronic Pulmonary

Duration of Last Sickness, 2 years & 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 25th

{ Undertaker, M. Munk

{ Place of Business, 35 Bank St

M. C. Russell M.D.,  
Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45653

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 23rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Morgan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Salesman

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 1925 Washington St (South)

Cause of Death, { First, (Primary.) } Intemperance & Exposure  
 { Second, (Immediate.) }

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, January 23

{ Undertaker, Patrick Mullin }

{ Place of Business, }

Chas. M. Morfit M.D.,  
 Coroner & Medical Attendant.

Address, 67 W. Balto St -

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45652

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

Jan 22nd 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ann B. Holt

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

70

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Widow

Occupation,

None

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore,

25 years

Place of Death,

Give street and number.

No 173 Tenth St Canton

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Dropsy

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

Jan. 25th 1881

Undertaker,

M. Francis

Place of Business,

240 Canton St

Address,

240 Canton St

J. G. Baker M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 270000  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 45655

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, generally filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 22<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Kriegerstein

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 6 Years, 3 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Austria - 3 months in U. S.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give street and number } Chestnut St. 164

Cause of Death, { First, (Primary) Bright's disease  
Second, (Immediate,) Dropsy

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Con.

Date of Burial, Jan 24<sup>th</sup> '81

Undertaker, M. Francis

Place of Business, 280 Canton Ave

Address, 224 West Fayette St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

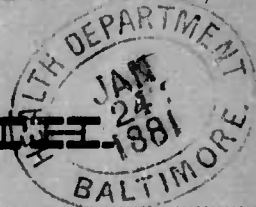
# Board of Health, City of Baltimore,

Permit No. 45656

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan 23<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anne E. Paul

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 35 Years, Months, Days.

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, wife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Howard City

Duration of Residence in the City of Baltimore, 5. E. Cor Stuckey & Pratt

Place of Death, { Give street and number. } Phthisis Pulmonalis

Cause of Death, { First, (Primary.) Second, (Immediate.) } 3 months

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 26<sup>th</sup> 1881

Undertaker, S. H. Leonard & Co

Place of Business, 782 W. Baltimore Address, 581 Lexington St

Thomas C. Pie M.D., Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. *45657*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *January 23rd 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elizabeth Simmons*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *22* Years, *4* Months, *—* Days.

Color, *W*

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } *Married*

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *Eight (8) years*

Place of Death, { Give street and number. } *331 S. Bond St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Acute general Myelitis*  
*Trophic paralysis, sleeping, asthenia*

Duration of Last Sickness, *70 days*

All the above information should be furnished by the Physician.

Place of Burial, *Matthews' Grave*

Date of Burial, *Jan. 24th*

*John S. Lynch* M.D.,  
Medical Attendant.

{ Undertaker, *W. Tipped*

{ Place of Business, *S. Bond St 251*

Address, *14 S. Broadway*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Reindinger

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 77 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } No 274 S. Eutaw St

Cause of Death { First, (Primary.) Injuries received from dog  
Second, (Immediate.) Nervous Shock

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, January 24th 1881

{ Undertaker, J. C. Bunch M. D. Medical Attendant.

{ Place of Business, 389 W. Pratt St Address, 151 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 45659

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45659The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, 23<sup>rd</sup> January 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie E. BonmarkSex, Male or Female, { cross out the word not required in this line. } FemaleAge, 20 Years, 5 Months, 20 Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } SingleOccupation, with her parentsBirthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, all her lifePlace of Death, { Give street and number } South Poppleton 44Cause of Death, { First, (Primary,) acute chorea  
Second, (Immediate,) convulsions }Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olive Cem.Date of Burial, Jan. 23<sup>rd</sup> 1881{ Undertaker, J. B. Cook }{ Place of Business, 707 N. B. St. Address, 28-11-1881 }**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

G. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS

(OVER)



# Board of Health, City of Baltimore,

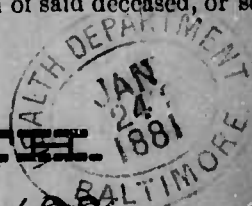
Permit No. 45660

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, January 21, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carrie Mason

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 2 mo Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States. If of foreign birth. } Near 621 Penna. St. City

Duration of Residence in the City of Baltimore, 2 mo Months

Place of Death, { Give street and number. } Near 621 Penna. St.

Cause of Death, { First, (Primary.) Syphilis }  
Second, (Immediate.)

Duration of Last Sickness, Began with the disease

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 24, 1881

{ Undertaker, Wm. N. Dwyer

{ Place of Business, No 62 East St. Address, 520 Penna. St.

J. R. Rickett, M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

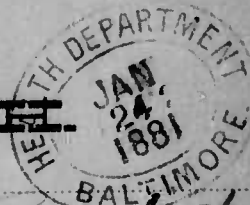
Permit No. 45661

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

Jan 23, 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Credit

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

9

Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Baltimore

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

55 Chinap St

Cause of Death, { First, (Primary.) }

Phthisis

Second, (Immediate.)

Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

Jan 24 1881

W. S. Booz M.D.,

Medical Attendant.

{ Undertaker,

Geo W Perkins

{ Place of Business,

180 Annetta

Address,

206 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

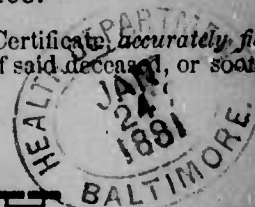
# Board of Health, City of Baltimore,

Permit No. 45662

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *Jan 22<sup>nd</sup> 81*

Full Name of Deceased, *Anne D. Sheekles* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *2* Years, *6* Months, *4* Days.

Color, *W*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } *113 Ridgely St.*

Cause of Death, { First, (Primary.) *Diphtheria* }  
{ Second, (Immediate.) \_\_\_\_\_ }

Duration of Last Sickness, *6 days*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Olivet*

Date of Burial, *Jan 24<sup>th</sup>*

{ Undertaker, *C. F. Krause* }

{ Place of Business, \_\_\_\_\_ }

Address, *313 Light*

*R. H. Ellis* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 22 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles M. Johnson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 23 Years, 22 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 1306 Croft St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of last Sickness, About 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's

Date of Burial, Jan 24<sup>th</sup>

Undertaker, E. P. Krause

Place of Business, \_\_\_\_\_

Address, North Ave. & E. Ave.

J. M. White M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, July 19, 1881

Full Name of Deceased, Amelia Hoffman  
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Female, { cross out the word not required in this line. }

Age, about 24 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow, or Widower, { Cross out the word not required in this line. }

Occupation, not known

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number } University Hospital

Cause of Death { First, (Primary,) Second, (Immediate,) } Diphtheria  
Apnoea  
one week

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, West End Cemetery

Date of Burial, Jan. 22, 81

Undertaker, F. A. Kerschner

Place of Business, 30 S. Calverton Ave Address, University Hospital

J. West M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

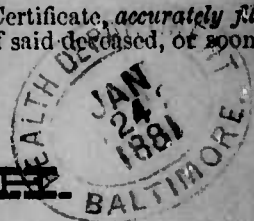
# Board of Health, City of Baltimore,

Permit No. 45665

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Virginia Button

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 20 Years, 5 Months, 22 Days.

Color, W

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 20 N. Bond St -

Cause of Death, { First, (Primary.) Alton Second, (Immediate.) Syncope }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Jan 24/81

{ Undertaker, Hy & Bro

{ Place of Business, 54 N Broadway Address, 67 E Baltimore St

Chas M. Morfit M.D.,  
Coroner & Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45666

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *January 22nd 1881*

Full Name of Deceased, *Eliza Dennis* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Female* { Cross out the word not required in this line. }

Age, *2* Years, *One (1) Months, Sixteen (16) Days.*

Color, *White*

Married, Single, Widow or Widower, *Single* { Cross out the word not required in this line. }

Occupation, *City*

Birthplace, *June Point* { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *441 Hamburg St.*

Place of Death, *Diphtheria* { Give street and number. }

Cause of Death, *Diphtheritic Croup* { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Bonnie Brea St.*

Date of Burial, *Jan'y 24th 1881*

Undertaker, *John S. Marcher*

Place of Business, *Paca & Paca St.*

Address, *1687 Paca St.*

*Geo. W. Shaw* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 24<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Fowler

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 20 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, Black

~~Married~~ Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give street and number. } 322 Hamburg St.

Cause of Death, { First (Primary,) Consumption }  
{ Second (Immediate,) \_\_\_\_\_ }

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lure 2 Cemetery

Date of Burial, Jan 26<sup>th</sup> 1881

{ Undertaker, B. W. Chase }  
{ Place of Business, 198 Howard St. }

Address, 406 Cross St.

L. H. L. Galt M.D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

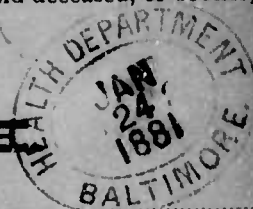
# Board of Health, City of Baltimore,

Permit No. 45668

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *Sarg Jan 22nd 81*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sargent Newton*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *75* Years, *6* Months, *8* Days.

Color, *Col*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Woodsawer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balt*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *44 Larcum ave*

Cause of Death, { First, (Primary.) *old age* Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Jan 24 1881* *Louis C. Hoorn* M.D.,

Medical Attendant.

{ Undertaker, *W. Chase*

{ Place of Business, *198 Howard st* Address, *226 Mulberry St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 23 January 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anne Maria Schmoez

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 18 Years, 6 Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all her lifetime

Place of Death, { Give street and number } Portland Street 53

Cause of Death, { First, (Primary.) Second, (Immediate,) } Scarlat fever  
Paralysis of heart

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park

Date of Burial, 25 January 1881

Undertaker, Wm. G. Tiekner

Place of Business, 651 E. Main St.

Dr. Reinhard M. D.  
Medical Attendant.

Address, 224 West Fayette Street

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[0741.]

No. 45670

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 45670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Jan 22 1881.Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ferdinand RuchiskaSex, Male ~~Female~~, { cross out the word not required in this line. }Age, 7 Years, — Months, — Days.Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, —Birthplace, { State or country, (and how long in the United States if of foreign birth. ) } BohemiaDuration of Residence in the City of Baltimore, 6 monthsPlace of Death, { Give street and number } 229 N. Bond StCause of Death, { First, (Primary.) } Marasmus  
{ Second, (Immediate.) }Duration of last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, East P. C. CemeteryDate of Burial, Jan 25<sup>th</sup> 1881A. F. Erick M. D.  
Medical Attendant.{ Undertaker, Patrick Mullins{ Place of Business, P. Park Ave Address, 74 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. &amp; C. DILLANT &amp; CO. CITY PRINTERS AND STATIONERS.

{ 9748 }

# Board of Health, City of Baltimore,

Permit No. 45671

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Jan 24 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank W. Elizabeth Ennele

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 6 Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 4169 York St

Cause of Death, { First, (Primary.) } Spasme  
 { Second, (Immediate.) } 2 days

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Jan 24 - 1881

{ Undertaker, Hercules Ross

{ Place of Business, \_\_\_\_\_

Address, \_\_\_\_\_

Commissioner of Health  
 & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Ex 4 Dr. C. S. S. S. S.



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 23<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna Hettley Williams.

Sex, Male or Female, { cross out the word not required in this line. }

Female

Age, 45 Years, 15 Months, 15 Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Salisbury, Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number }

250 Pa Avenue

Cause of Death { First, (Primary.)

Dilatation of Heart

Second, (Immediate.)

asphyxia

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Jan 25<sup>th</sup> 1881

C. W. Worsland

M. D.

Medical Attendant.

{ Undertaker, Stewart & Brown

{ Place of Business, 35 Park Ave

Address, 23 McCulloch St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *January 22<sup>nd</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Philip H. Hips.*

Sex, ~~Male~~ *Female*, { Cross out the words not required in this line. }

Age, *85* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Gentleman*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore County*

Duration of Residence in the City of Baltimore, *67 years*

Place of Death, { Give street and number. } *Corner of Market and McCollogh Sts*

Cause of Death, { First (Primary), *Cerebral Thrombosis*  
Second (Immediate), *asthenia.* }

Duration of Last Sickness, *Two Years*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cy.*

Date of Burial, *Jan 24<sup>th</sup> 1881*

{ Undertaker, *Stewart & Howen*  
Place of Business, *#35. Park Ave.* }

Address, *161 N. Liberty Street*

*H. Starr* M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and con lition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

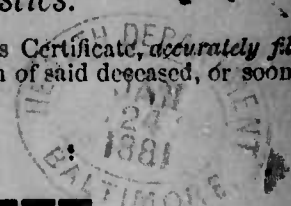
# Board of Health, City of Baltimore,

Permit No. 45674

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

Jan 23 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Luisa Gahler

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age, Twenty-three Years,

Six

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Bohemia - Europe

Duration of Residence in the City of Baltimore,

About eleven years

Place of Death,

Give street and number.

55 Prince Hill Av

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pulmonary Consumption

Duration of Last Sickness,

About Eighteen months

All the above information should be furnished by the Physician.

Place of Burial,

St. John's Church

Date of Burial,

Jan 25 1881

D. E. Green

M.D.,

Medical Attendant.

Undertaker,

F. B. Bunker

Place of Business,

1200 Park Ave

Address,

87 Marlbury St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45675

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Jan. 24<sup>th</sup> 1881 1. P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Rhomason

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, white

Married, Single, Widower or Widowed, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Grand Hill Av. Home of Friends

Cause of Death, { First, (Primary.) } Scarlatina Maligna  
Second, (Immediate.) Scarlatina Maligna

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 25<sup>th</sup> 1881

Claude Van Rudder M.D.,  
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St Address, 47 Franklin St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

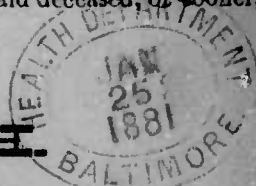
# Board of Health, City of Baltimore,

Permit No. 45676

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Jan 23<sup>rd</sup> 1881 9 P.M.  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Lee McMullen  
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }  
Age, 8 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, white  
Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }  
Occupation, \_\_\_\_\_  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City  
Duration of Residence in the City of Baltimore, \_\_\_\_\_  
Place of Death, { Give street and number. } Home of Friendless David Hill av.  
Cause of Death, { First, (Primary.) Scarlet fever  
Second, (Immediate.) Basilar effusion  
Duration of Last Sickness, 26 days -  
All the above information should be furnished by the Physician.  
Place of Burial, Loudon Park Cemetery  
Date of Burial, January 25<sup>th</sup> 1881  
Undertaker, Wm Weaver  
Place of Business, No 202 N Eutaw St Address, 47 Franklin St  
Medical Attendant, Clark Van Rethen M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45677

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan 24 '81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dorothy Hunsch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 78 Years,      Months,      Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,     

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and number. } 172 Sarah Ann

Cause of Death, { First, (Primary.) Second, (Immediate.) } Bronchitis  
Eight Weeks

Duration of Last Sickness, Eight Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 26 1881

Undertaker, Peter Kummer

Place of Business, 317 Mulberry St Address, cor Mulberry & Myrtle St

Louis C. K. Horn M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 24<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alvin L. Smith

Sex, Male or Female, { cross out the word not required in this line. }

Age, — Years, — Months, 3 Days.

Color, —

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 108 Carbon St

Cause of Death { First, (Primary,) Second, (Immediate,) } Scrophula  
Concussions

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olive Cem.

Date of Burial, Jan. 26<sup>th</sup> 1881

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St

A. W. Colburn M. D.  
Medical Attendant.

Address, 343 N. Sun Ford St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48679

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, January 24, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm B. Phillips

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 73 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, House Carpenter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number. } 335 Chase St E.

Cause of Death, { First, (Primary.) Hemiplegia }  
{ Second, (Immediate.) }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Batts Cemetery

Date of Burial, January 25, 1881

Undertaker, Denny & Mitchell

Place of Business, Address, 335 Chase St E.

M. D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45680

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Jan. 24/81  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leatharm, King  
Sex, ~~Male~~ Female, { Cross out the word not required in this line. }  
Age, 5 Years, 10 Months, 2 Days.  
Color, white  
Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
Occupation, \_\_\_\_\_  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. city  
Duration of Residence in the City of Baltimore, \_\_\_\_\_  
Place of Death, { Give street and number. } 129 S. Eden St.  
Cause of Death, { First, (Primary.) Scarlatina Maligna  
Second, (Immediate.) \_\_\_\_\_  
Duration of Last Sickness, 2 days  
All the above information should be furnished by the Physician.  
Place of Burial, Balto Cemetery  
Date of Burial, January 25th 1881  
{ Undertaker, Denny & Mitchell  
Place of Business, 65 S Broadway Address, 117 S Broadway  
Medical Attendant, R. W. Mansfield M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

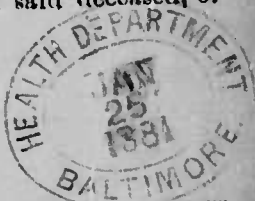
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, \_\_\_\_\_

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Jan 23d 1881  
Sarah J Child

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Eighty two Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

None

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

222 Meadison Ave  
Old ase

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Pneumonia  
5 days

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, Jan 26th 1881

{ Undertaker, Thos S Hughes

{ Place of Business, 100 E Balto St

Elias C Price M. D.  
Medical Attendant.

Address, 262 Mead Ave

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 145682

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

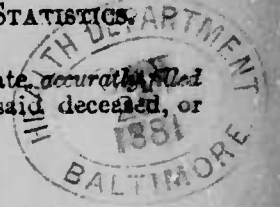
## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 457682

• The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



### CERTIFICATE OF DEATH.

Date of Death, January 23, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillian F. Hecker

Sex, Male or Female, { cross out the word not required in this line. }

Age, 21 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number } 277 Hollins

Cause of Death, { First, (Primary.) Phthisis Pulmonalis  
Second, (Immediate,) Exhaustion }

Duration of last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cem.

Date of Burial, Jan'y 24/81 Hammond and Mitchell M. D.  
Medical Attendant.

Undertaker, Louis Mitchell

Place of Business, 1011 Fayette St. Address, 644 N. Paca

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 45683

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Jan. 24th/88

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elie Quillan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 38 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Drummer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland - 33 yrs.

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, { Give street and number. } City Hospital

Cause of Death, { First, (Primary.) } Phthisis  
 { Second, (Immediate.) } Asphyxia

Duration of Last Sickness, 6 hrs.

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Jan 25

{ Undertaker, Mrs. Kroun

{ Place of Business, 64 Decker St Address, City Hospital  
209 Hanover St

J. H. Brown M.D.,  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



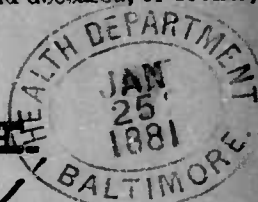
# Board of Health, City of Baltimore,

Permit No. 45684

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 24 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Mr. Henry Parks

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, 1 Years, 3 Months,  Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, State or Country and how long in the United States, if of foreign birth. Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. 584 Hanover St.

Cause of Death, First, (Primary.) Diphtheria, Exhaustion  
Second, (Immediate.)

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 26th

R. J. N. Fall. M.D.,  
Medical Attendant.

Undertaker, H. N. Hall

Place of Business, 131 Hanover St. Address, 152 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45685

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

January 24th 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Elizabeth Hardy

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

22

Years,

0

Months,

Days.

Color,

(Colored)

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Maryland

Duration of Residence in the City of Baltimore,

3 years

Place of Death,

Give street and number.

No 89 Orleans

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Congestion of Brain  
Coma

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

4 Cemetery Co Rd

Date of Burial,

Jan 26 1881

Undertaker,

The J. J. J.

Place of Business,

No 23 Jefferson St

Address,

No 29 Annapolis St

David D. Powell M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2038 Francis

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 23<sup>rd</sup> 1881  
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Samuel  
 Sex, Female { Cross out the word not required in this line. }  
 Age, 16 Years, 5 Months,  Days.  
 Color, Black Sex, Female  
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single  
 Occupation, Book  
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia  
 Duration of Residence in the City of Baltimore, 2 years  
 Place of Death, { Give street and number. } 190 Chestnut alley  
 Cause of Death, { First (Primary,) Consumption  
 { Second (Immediate,) Asthenia  
 Duration of Last Sickness, about one year  
 All the above information should be furnished by the Physician.  
 Place of Burial, Laurel Cemetery  
 Date of Burial, 25<sup>th</sup> Jan 1881 Geo. E. Gibbons M. D. Medical Attendant.  
 { Undertaker, Leon Perkins Address 47 Edmundson ave  
 { Place of Business, 130 H Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 24<sup>th</sup> 1901

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. E. H. Hanger

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 4 Years, 6 Months,  Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 7 Perry St

Cause of Death, { First, (Primary.) dysentery congestive chill  
Second, (Immediate,)  }

Duration of last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 26<sup>th</sup>

Undertaker, B. H. Hanger

Place of Business, N. 52 West Street

Address, 95 S. Sharp St

M. D. Albers  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45688

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Jan 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kayser Horning

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 64 Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Labour

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number. } 24 E. Chesa

Cause of Death, { First, (Primary.) } Phthisis Pulmonalis  
 { Second, (Immediate.) }

Duration of Last Sickness, 6 Years

All the above information should be furnished by the Physician.

Place of Burial, St. Adolphus Cemetery

Date of Burial, Jan 27<sup>th</sup> 1881

{ Undertaker, B. Harle

{ Place of Business, N. 82 West Street.

Address, 201 W. Lombard

J. E. Warne M.D.,  
 Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 23<sup>rd</sup> May 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Wiley

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 90 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number } Aged Mens Home

Cause of Death { First, (Primary.) Senile Decay  
Second, (Immediate.) \_\_\_\_\_

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, January 26<sup>th</sup> 1881

{ Undertaker, H. W. Jenkins & Son

{ Place of Business, 16 Light St

Gus H. Apson M. D.  
Medical Attendant.

Address, 1 Mauerly Terrace

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,



# Board of Health, City of Baltimore,

Permit No. *45690*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

*Jan 25 1881*

*Jan 25 1881*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Joel D. Smith*

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

*59*

Years,

Months,

Days.

Color,

*White*

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

*Blacklayer*

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

*Frederick*

Duration of Residence in the City of Baltimore,

*54 years*

Place of Death,

{ Give street and number. }

*161 N. Paca St*

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

*Ingestion of the Lungs*

Duration of Last Sickness,

*36 hours*

All the above information should be furnished by the Physician.

Place of Burial,

*Western Cemetery*

Date of Burial,

*Jan 26 1881*

{ Undertaker,

*Andrews & Hodges*

{ Place of Business,

*No 4 & 6 Grand Hill Ave*

Address,

*Alexander Tinsley*

M.D.,

Medical Attendant.

*Corner*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 24 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H. Davis

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 70 Years, 4 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Physician

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 193 N. Howard St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Epilepsy

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 26<sup>th</sup> 1881 Dr. J. C. Dolan M. D.

Medical Attendant.

{ Undertaker, Wm. Weaver

{ Place of Business, No 202 N. Eutaw St. Address, 121 W. Lombard St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[0742]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 25, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theodore Kastigar

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 9 Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } \_\_\_\_\_

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 109 N. Chapel St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Enteric Colitis  
Spurious Hydrocephalus  
7 days

Duration of last Sickness, \_\_\_\_\_  
All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, January 27.

Undertaker, John Henning

Place of Business, 382 Orleans St. Address, 357 N. Broadway

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



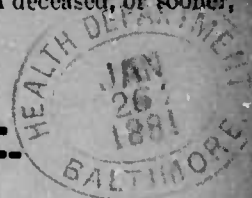
# Board of Health, City of Baltimore,

Permit No. 45693

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Jan 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katie White

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 7 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Baker St near Division

Cause of Death, { First, (Primary.) Second, (Immediate.) } Diphtheria

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 26 Chas E Sadtler M.D.,  
Medical Attendant.

{ Undertaker, Walterimmel

{ Place of Business, 252 W. Biddle Address, 649 Penna Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45694

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Gilbert Love

Sex, Male or Female, { Cross out the word not required in this line. }

Age,        Years,        Months, 3 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }       

Occupation,       

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 18 Balto Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } 16 Watson Street

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 26<sup>th</sup> 1881

Undertaker, James Byrne

Place of Business, 63 E. Pratt St

Chas M. Wolfe M.D.,  
Medical Attendant.

Address, 67 E. Pratt St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosina Weyhing

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 65 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, { Give street and number } No. 238 Holliday St

Cause of Death { First, (Primary.) Leucæmia (Diffuse) ?  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Jan'y 27 John Morris M. D.  
Medical Attendant.

{ Undertaker, John Fungel

{ Place of Business, 796 W. Baltimore Address, No. 55 ... St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



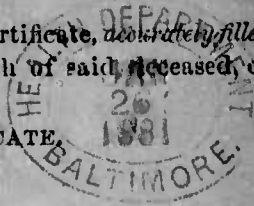
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH.

Date of Death, *Jan 24<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Julia Allen*

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. } *Female*

Age, *5* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, *Black*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life-time*

Place of Death, { Give street and number. } *11 Clark Alley*

Cause of Death, { First (Primary,) *Diphtheria Fever* }  
{ Second (Immediate,) \_\_\_\_\_ }

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial,  *Laurel Cemetery*

Date of Burial, *Jan 27 1881*

{ Undertaker, *Heracles Booss* }

{ Place of Business, *Conway St* }

Address, *406 Cross St*

*L. J. L. Salt* M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

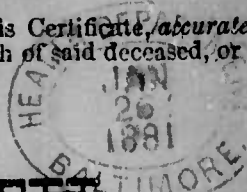
# Board of Health, City of Baltimore,

Permit No. 48697

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ischady

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and number. } No 132 Chestnut St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Jan 25 1881

Undertaker, C. D. Rosning

Place of Business, 77 W. Baltimore St Address, No 138 E. Baltimore St

O. J. M. M.D., Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *45698*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *January 25th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Max*

Sex, *Male* or ~~Female~~, { cross out the word not required in this line. }

Age, *2* Years, *11* Months, *27* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } *No 12 Ridgely St*

Cause of Death { First, (Primary,) *Diphtheria*  
Second, (Immediate,) \_\_\_\_\_ } *✓*

Duration of last Sickness, *6 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cem*

Date of Burial, *January 27th/81* *C. S. Buddenbohn* M. D.

{ Undertaker, *Wm J. Tiekner* Medical Attendant.

{ Place of Business, *65 S. Eutaw* Address, *166 S. Locust*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



No. 45699

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *Jan. 25<sup>th</sup> 1881*Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Juliana Morgan*Sex, ~~Male~~ or Female, { cross out the word not required in this line. }Age, *46* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, *White*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Anne Arundel Co. Md*Duration of Residence in the City of Baltimore, *13 years*Place of Death, { Give street and number } *116 Ramsey St.*Cause of Death, { First, (Primary.) Second, (Immediate.) } *Leucocythemia - Hypertrophy + Valvular Disease of Heart*  
*Adhemia*Duration of last Sickness, *Three months*

All the above information should be furnished by the Physician.

Place of Burial, *Louden Park Cem.*Date of Burial, *Jan. 27<sup>th</sup> 1881*{ Undertaker, *J. B. Cook*{ Place of Business, *747 N. Baltimore St.*Address, *204 N. Camden Ave. An*  
*Harlem**John. Jeff* M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 45799

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Jan 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet A. Ober

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 38 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Housewife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 332 Franklin St.

Cause of Death, { First, (Primary.) Tuberculosis Pul. }  
 { Second, (Immediate.) Apnea }

Duration of Last Sickness, One Year

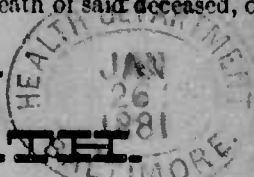
All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Jan 27<sup>th</sup> 1881

{ Undertaker, Andrews & Hodges }

{ Place of Business, No 446 Daniel Hill } Address, Howard St Dispensary



*J. B. Burton* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

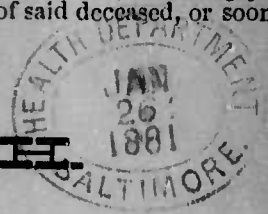
Permit No. 45701

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

Jan. 25. 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

H. C. Walters

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

24 Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

135 S. Park St.

Cause of Death,

First, (Primary.)

Tuberculous Meningitis

Second, (Immediate.)

Convulsions

Duration of Last Sickness,

Twenty-four hours

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt. Cemetery

Date of Burial,

January 27th 1881

G. G. Lawrence M.D.,

Medical Attendant.

Undertaker,

Denny & Mitchell

Place of Business,

65 S Broadway

Address,

Balt. & Md. Co.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, About 20 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Not known

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West End Cemetery

Date of Burial, Jan. 26/81

Undertaker, J. A. Kerchner

Place of Business, 50 St. Carroll Ave. Address, University Hospital

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45703

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 24<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert M. White

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, 1 Months, 7 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Barber

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Eastern Md

Duration of Residence in the City of Baltimore, over 18 years

Place of Death, { Give street and number. }

49 Williamson's Alley

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Fracture of the Skull by an accidental fall.

Duration of Last Sickness, About one hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 26<sup>th</sup> 81

S. A. Bell M.D.,

{ Undertaker, Geo. H. Perkins & Co. Coroner S. D. D.

{ Place of Business, 130 Henrietta Address, 141 S. Sharp St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

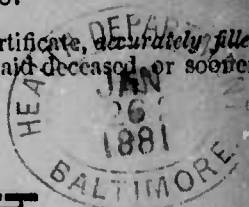
Permit No.

48704

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

Jan 26<sup>th</sup> 81

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry Sargent

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

8

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Pauper

Duration of Residence in the City of Baltimore,

Year

Place of Death,

{ Give street and number. }

118 Calvert

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Scarlatina

Duration of Last Sickness,

5 Days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Jan 27<sup>th</sup> 1881

J G Woodhull

M.D.,

Medical Attendant.

{ Undertaker,

Henry W. Mears

{ Place of Business,

45 N Gay St

Address,

20 S Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore.

Permit No. *45705*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *Jan 22nd 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*John Wesley Brown*  
*Male*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *0* Years, *0* Months, *10* Days.

Color, *Dark brown*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

*Single*

Occupation,

*None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Baltimore*

Duration of Residence in the City of Baltimore,

*10 days*

Place of Death, { Give street and number. }

*No 14 Jenkins St*

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

*Unknown*

*Lockjaw*

Duration of Last Sickness,

*Two days*

All the above information should be furnished by the Physician.

Place of Burial, *Sham. Cemetery*

Date of Burial, *Jan 27th 1881*

*W B F. Bohrer* M.D.,  
Medical Attendant.

{ Undertaker, *Abraham Weyman*

{ Place of Business, *13 S. E. Stogall*

Address, *Cor Kap + Dolphin*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, Tuesday Jan 26<sup>th</sup> 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, Ten Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 46 Boy St

Cause of Death, { First (Primary), Second (Immediate), } Infant convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 26<sup>th</sup> 1891

{ Undertaker, Wm. A. Dwyer

{ Place of Business, No 62 East St

Address, Fremont

Somerset

O. F. Nelson M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 45707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, as requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *January 25<sup>th</sup> 1881.*

Full Name of Deceased, *Grace May Mager* Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Male* or Female, Cross out the word not required in this line.

Age, *6* Years, *6* Months, *20* Days.

Color, *White*.

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. *Balto. City*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, Give street and number. *417 Light*

Cause of Death, First, (Primary.) *Meningitis*  
Second, (Immediate.) *7 days*

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *Cedar Hill*

Date of Burial, *Jan. 27<sup>th</sup> 1881*

Undertaker, *Armstrong & Denny*

Place of Business, *263 Light St.*

*R. J. H. Tall.* M.D.,  
Medical Attendant.

Address, *152 P. Sharp St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45708

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 11 Years, — Months, — Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Co., Md

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number. } No 1. Parrish Al.

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Union Ground Bel Air

Date of Burial, Jan 27 1881

{ Undertaker, John E. Jordan

{ Place of Business, No 63. Park

Eldridge C. Price M.D.  
Medical Attendant.

Address, 262 Madison Ave.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 26 Th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

August William Hauke  
Male

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 10 Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore City, Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number }

# 296 S. Dallas St  
Diphtheritic Croup.

Cause of Death, { First, (Primary.)

Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 28th Janr. 1881

John A. Reberger M. D.  
Medical Attendant.

{ Undertaker, Wm. S. Colman

{ Place of Business, 25 S. Alice Ann St.

Address, # 243 Alice Ann St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 45710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bro. Wesley Stewart

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 Years, Months, Days.

Color, Black Sex, Male

Married, Single, Widowed, or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } St. Michael's Talbot Co. Md.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } S. Howard St. No 274

Cause of Death, { First (Primary,) Phthisis  
Second (Immediate,) " }

Duration of Last Sickness, Two Days -

All the above information should be furnished by the Physician.

Place of Burial, St. Michael's Talbot Co. Md. W. G. Harrison, M. D. Medical Attendant

Date of Burial, Jan 27th 1887

{ Undertaker, Geo H Perkins Jolles Address 69 Center St.  
Place of Business, 131 Hennet St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2039 Transcribed [OVER]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan'y. 25<sup>th</sup> 1881.

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Bridget Mary Kelly

Sex, Male or Female, { cross out the word not required in this line. }

Age, 21 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Co.

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, { Give street and number } 166 1/2 Ensor St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Phthisis Pulmonalis  
Do Do

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Jan'y 27 1881 James Bacon M. D.

Medical Attendant.

{ Undertaker, J. P. Byrne

{ Place of Business, Lititz

Address, Cor. Argyle Ave. & York St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 77  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH, *ch*

Date of Death, Wednesday Jan. 26 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma De Gaur

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 6 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland ✓

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 782 N. Baltimore St.

Cause of Death, { First, (Primary.) Scarletina  
Second, (Immediate,) Acute Nephritis  
3 weeks

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 27 1881 Summitt James M. D.  
Medical Attendant.

{ Undertaker, J. A. Leonard

{ Place of Business, 782 N. Baltimore Address, 552 N. Fayette St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OV 41.]

# Board of Health, City of Baltimore,

Permit No. 45713

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 12 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and number. } 35 Heath St.

Cause of Death, { First, (Primary.) Acute meningitis }  
{ Second, (Immediate.) }

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Beto Cemetery

Date of Burial, Jan 28/1881

{ Undertaker, Amstutz & Son } M.D.,

{ Place of Business, 263 Light St. } Address, 313 Light St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. *45714*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

*Jan 26<sup>th</sup> 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*John & Hettie Slingerland*

Sex, Male or Female,

Cross out the word not required in this line.

*Female*

Age,

Years,

Months,

Days.

Color,

*White*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

*Single*

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*MD.*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death,

Give street and number.

*740 W Pratt St.*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Pneumonia*

Duration of Last Sickness,

*2 days*

All the above information should be furnished by the Physician.

Place of Burial,

*Larrel Batts*

Date of Burial,

*Jan*

*Thos Opie*

M.D.,

Medical Attendant.

Undertaker,

*J. B. Blackiston*

Place of Business,

*Gay St. 22, S.*

Address,

*587 Lexington*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*Transit 2040*

## Permit No. 45715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "JAN 27 1881" is stamped in three lines. The stamp is partially obscured by a dark, irregular mark on the left side.

Date of Death, Jan 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ernst Otto Weesler*

Sex, Male ~~Female~~, { Cross out the word not }  
 { required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 12 Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not }  
required in this line. }

Occupation,

*Birthplace,* { State or Country and how  
long in the United States,  
if of foreign birth. }

Duration of Residence in the City of Baltimore, *2 yrs*

*Place of Death,* { Give street and }  
number. }

*Cause of Death,* } First, (Primary.)

Cause of Death, { Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Peters Cemetery*

Date of Burial, Jan 27<sup>th</sup> 1881

(Undertaker, *Jacob Booker*.....)

Place of Business,

Comm of Health  
Address, Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45716

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Jan 27<sup>th</sup> 81.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Kroedel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 Years, 3 Months, 3 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 97 German

Cause of Death, { First, (Primary.) Second, (Immediate.) } Typhoid (materia) Meningitis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 29<sup>th</sup> 1881

Undertaker, Wilmers Fleischel

Place of Business, 212 Pennsylvania Ave.

Louis C. Boorn M.D.,  
Medical Attendant.

Address, cor. Mulberry & North av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26<sup>th</sup> 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan A'Neil Cornman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 31 Years, Months, Days.

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and number } No. 1 - Pleasant Alley

Cause of Death { First, (Primary,) Puerperal Peritonitis - & Second, (Immediate,) Inflammation of Kidneys

Duration of last Sickness, Five (5) - day -

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 28<sup>th</sup> J. S. Clarke M. D. Medical Attendant.

{ Undertaker, M. Clarke & Sons

{ Place of Business, 64 E. Balto Address, 235. Gough St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 25, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachel Thomas

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 80 59 Years, 0 Months, 0 Days.

Color, Blk

~~Married~~, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 63 Blay St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Old age,  
apoplexy,  
20 hours

Duration of last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Laud Cemetery

Date of Burial, Jan. 27 1887

Undertaker, Wm. Bishop Jr.

Place of Business, 97 North Hill St. Address, 175 South Hill St.

W. R. Morgan M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45719

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Jan 26 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza J. Kins

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 65 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Co Md

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number. } # 184. Raborg St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Paralysis

Duration of Last Sickness, 2 Mts

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cem.

Date of Burial, Jan 27 - 1881

Undertaker, H. A. Kerchner

Place of Business,

J. A. Allen M.D.,

Commissioner of Health

Address, + Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

At 5 John E. Dunder



# Board of Health, City of Baltimore,

Permit No. 45720

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, January 26<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Phillip S. Sullivan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 11 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, City

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, 124 Redgely St

Place of Death, { Give street and number. } 124 Redgely St

Cause of Death, { First, (Primary.) } Bronchitis (COP)  
{ Second, (Immediate.) } 3 weeks

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 28

{ Undertaker, Meeth & Shields

{ Place of Business, 60 N Carrollton Ave Address, 168 N Carrollton Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, January 26th 1881

Full Name of Deceased, Susan White  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { cross out the word not required in this line. }

Age, 25 Years, — Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Richmond Va.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number } 22 Penn. av.

Cause of Death { First, (Primary.) Second, (Immediate.) } Apoplexy  
Hemorrhage

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Jan. 27th 1881

Undertaker, A. Wiedemeyer

Place of Business, Balto St.

Dr. J. C. Quinn

M. D.

Medical Attendant,

Address, 185 W. Fayette St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

And of the Physician is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Boston

Sex, Male or Female, { cross out the word not required in this line. }

Age, 12 Years, 6 Months,  Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 11 Union Alley

Cause of Death { First, (Primary) Scarletina Malig.  
Second, (Immediate,) five days

Duration of last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial,  Laurel Cemetery

Date of Burial, January 28th 1881 H. A. James M. D.  
Medical Attendant.

{ Undertaker, Wm. V. Dunga

{ Place of Business, 1162 East St Address, 105 N. West St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45723

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Jan 26<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Mary Belah Kennard

Sex, ~~Male~~ or Female, Cross out the word not required in this line. Female

Age, 2 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Bright Mulatto

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, Give street and number. No 57 St Paul St

Cause of Death, First, (Primary.) Pulmonary Tuberculosis  
Second, (Immediate.) About Six Months

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Jan 28<sup>th</sup> 1881

Undertaker, Patrick Mullin

Place of Business, P. Park Ave Address, 127 St Paul St

J. G. Ward M.D.,  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eustace Van

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 62 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White Sex, \_\_\_\_\_

Married, ~~Single, Widowed or Widower~~, { Cross out the words not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Montgomery Co. Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 578 W. Fayette St.

Cause of Death, { First (Primary,) Very obscure. Supposed to be Cardiac }  
{ Second (Immediate,) \_\_\_\_\_ }

Duration of Last Sickness, Had been complaining for several months. Went to Richmond in December. Returned to Balt. on 28<sup>th</sup> inst, since when I have not seen him.

Place of Burial, Green Mount

Date of Burial, 20<sup>th</sup> January 1881

{ Undertaker, W. W. Jenkins & Son }  
{ Place of Business, 16 Light St. }

Medical Attendant, W. W. Abner M. D.

Address \_\_\_\_\_

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45725

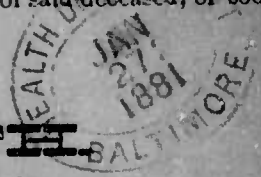
Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, 27. 1881. *George B. Raudel*  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *George B. Raudel*  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 30 Years, Months, Days.  
Color, white -  
Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
Occupation, *City -*  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Life*  
Duration of Residence in the City of Baltimore, *N. S. Cutaw St. -*  
Place of Death, { Give street and number. } *N. S. Cutaw St. -*  
Cause of Death, { First, (Primary.) Second, (Immediate.) } *Heart Disease*  
Duration of Last Sickness, *10*  
All the above information should be furnished by the Physician.  
Place of Burial, *New Cathedral*  
Date of Burial, *January 29<sup>th</sup> 1881*  
{ Undertaker, *H. W. Jenkins & Son*  
{ Place of Business, *16 Light St.*  
Address, *Corner*



### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45726

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Jan 20, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Wiegand

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 37 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Housekeeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany (6 mos in Am -

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, { Give street and number. } Joseph Hospital

Cause of Death, { First, (Primary.) Consumption (Tuberculosis) Second, (Immediate.) Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, January 29, 1881 Oscar J. Calver M.D.,

{ Undertaker, Henry Hoeck

{ Place of Business, 304 Central Ave Address, 1887 Calver St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Paulina Nosokorki  
Female

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number }

43 Shakespeare St  
Convulsions (Internal).

Cause of Death, { First, (Primary.) }

Second, (Immediate,)

Two days.

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician

Place of Burial, Alphonse's

Date of Burial, Jan 28

John A. Rehberg M. D.  
Medical Attendant.

Undertaker, W. Duffel

Place of Business, 137 S. Bond

Address, #243 Alcester mo

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[0748]

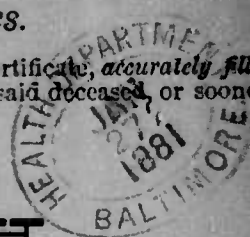
# Board of Health, City of Baltimore,

Permit No. 45728

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

January 26<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Lottie Virginia Hudson

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Female

Age,

7

Years,

—

Months,

14

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Single

Occupation,

None

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

97 Block St.

Cause of Death,

First, (Primary.)

Diphtheria

Second, (Immediate.)

Stenosis of Larynx

Duration of Last Sickness,

4 days.

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel Cem.

Date of Burial,

Jan. 28<sup>th</sup>

Jos. S. Lynch M.D.,  
Medical Attendant.

Undertaker,

Wendel Dippel

Place of Business,

S. Bond St. 151

Address, 19 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, 25th of January 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Wiefelack

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 15 Years, 2 Months, Days.

Color, white Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } South Wolf St Baltimore City

Duration of Residence in the City of Baltimore, 9 months

Place of Death, { Give street and number. } No 110 Register Street

Cause of Death, { First (Primary,) weakness  
Second (Immediate,) Spine Disease ✓

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Springwood Cem

Date of Burial, January 28 Dr. Charles Kærner M. D.  
Medical Attendant.

{ Undertaker, W. Piffel

{ Place of Business, 151 Bond Address

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *45730*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *Jan 26<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Howard L. Ralph*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *3* Years, *3* Months,  Days.

Color, *Col*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *187 Eastern Ave*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Cyanosis of heart*

Duration of Last Sickness, *Since birth*

All the above information should be furnished by the Physician.

Place of Burial, *Greenwood Cemetery*

Date of Burial, *Jan 27<sup>th</sup> 1881*

*John J. Gocke* M.D.,  
Medical Attendant.

*John J. Gocke*  
Place of Business, *131 Jefferson St* Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 25th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Potman

Sex, Male or Female, { cross out the word not required in this line. }

Age, 6 Years, 10 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States if of foreign birth. } \_\_\_\_\_

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 1018 E. Lombard St.

Cause of Death, { First, (Primary,) Second, (Immediate,) } Typhoid Fever

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Jan 24th

Undertaker, A. Harb.

Place of Business, A. 82 West St.

Address, 151 H...

M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]



# Board of Health, City of Baltimore,

Permit No. 45732

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, January 26, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sebastian Stromer

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 42 Years, 6 Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number. } 190. Cross

Cause of Death, { First, (Primary.)

Second, (Immediate.) Apoplexy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Nicholas Cemetery

Date of Burial, January 28<sup>th</sup>

{ Undertaker, B. Harkle.

{ Place of Business, A. 82 West Street.

Thos. B. B. M.D.,  
Medical Attendant.

Address, 146. Howard St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *45733*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *Jan. 27 1881*

Full Name of Deceased, *James Miller*  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, *male*  
Cross out the word not required in this line.

Age, *27* Years, *10* Months, *10* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*  
Cross out the word not required in this line.

Occupation, *Butcher*

Birthplace, *Baltimore Md*  
State or country, (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, *whole life*

Place of Death, *cor. Exeter & State*  
Give street and number

Cause of Death, *Phthisis*  
First, (Primary.)  
Second, (Immediate.)

Duration of last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Jan 28 1881*

Undertaker, *Henry C. Medefield*

Place of Business, *70 Greenmount Ave* Address,

*A. R. Howard* M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45734

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan. 26/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } R. H. Johnson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 14 Months, 18 Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Bald

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bald

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, { Give street and number. } Loney Lane

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlet fever

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Lumpkin Cemetery

Date of Burial, Jan 28<sup>th</sup> 1881

Thos J Locks Undertaker, R. W. Mansfield M.D., Medical Attendant.

72 Jefferson St Place of Business, 117 S Broadway Address.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45738

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 27<sup>th</sup> 1881 4. A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Dietrich

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore city - ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Home of Friends, David Hill Av.

Cause of Death, { First, (Primary.) } Scarlatina anginosa  
{ Second, (Immediate.) } Scarlatina anginosa

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, January 28<sup>th</sup> 1881

Claude Van Bibber M.D.,  
Medical Attendant.

{ Undertaker, Wm Weaver

{ Place of Business, No 202 N. Eutaw St Address, 47 Franklin St,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

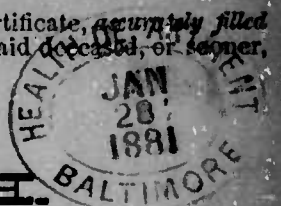
# Board of Health, City of Baltimore,

Permit No. 45736

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *promptly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *January 27 - 81*

Full Name of Deceased, *Elizabeth Walker* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *33* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *W*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *B. City*

Duration of Residence in the City of Baltimore, *33*

Place of Death, { Give street and number. } *67 E. W. St.*

Cause of Death, *Pulmonary Consumption*  
{ First, (Primary.) }  
 { Second, (Immediate.) }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore*

Date of Burial, *January 30 - 1881*

Undertaker, *Andrew Knell*

Place of Business, *206 Columbia Ave* Address, *313 E. 19 St.*

*J. H. Ellis* M.D.,  
 Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

January 26 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Dean

Sex, Male or Female, { cross out the word not required in this line. }

Age, 15 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balti. dead

Duration of Residence in the City of Baltimore,

15 years

Place of Death, { Give street and number }

492 W Lombard St

Cause of Death { First, (Primary.) }

Pyæmia

{ Second, (Immediate.) }

Six (6) Months

Duration of last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cem

Date of Burial, Jan 28th 1881

H. L. Spicer

M. D.

Medical Attendant.

Undertaker, H. Lewis Schayfer

Place of Business, 109 N Fremont St

Address, 387 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



# CERTIFICATE OF DEATH.

Date of Death, January 26 1911

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Abraham Stofron

Sex, Male or Female, { Cross out the word not  
required in this line. }

Age, \_\_\_\_\_ Years, Three Months, Twenty one Days.

Color, Black Sex, Male

~~Married, Single, Widow or Widower~~ { Cross out the words not }  
 { required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Sta. 44 Chestnut st.

Duration of Residence in the City of Baltimore, 21 days

Place of Death, { Give street and number. } No 44 Chestnut st.

Cause of Death, { First (Primary,) ..... *Pneumonia*  
Second (Immediate,) ..... *Pneumonia*

Duration of Last Sickness, 3 weeks 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28 1881

(Undertaker, *Abraham Meyman* *Argon of Fyetha*)

Place of Business, 13 Lafayette St Address

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

3

Years,

2

Months,

7

Days.

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death { First, (Primary.) }

{ Second, (Immediate.) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 30

Undertaker, B. Hummel

Place of Business,

W. P. Morgan

M. D. Medical Attendant.

Address, 175 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to cause a Certificate of Death to be filled out, and presented to the Registrar of Vital Statistics, within forty-eight hours after the death of said deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 457-10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Fickenscher

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 65 years Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Shoe Maker

Birthplace, { State or country, (and how long in the United States; if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number } 92 Park Ave

Cause of Death { First, (Primary.) Consumption Second, (Immediate.)

Duration of last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 29<sup>th</sup>

Undertaker, P. V. Poll Felix Jenkins M. D. Medical Attendant.

Place of Business, 121 S. ... Address, No 2 Cathedral

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER.]



No. 45741

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan. 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Holbrook

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 80 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 66 W. Ave.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Paralysis

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Jan 28<sup>th</sup> 1881

{ Undertaker, Wm H. Hickman

{ Place of Business, 234 N. Gay St. Address, 166 E. Eager St.

Dr. Brooke Boyle M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 45742

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, January 27 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elenora Hill

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 28 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

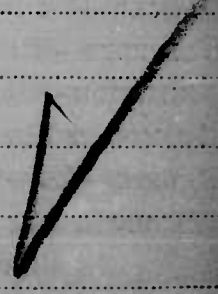
Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, XXX

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore, City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } 214 Bank Street

Cause of Death, { First, (Primary.) Phthisis Pulmonalis }  
{ Second, (Immediate.) \_\_\_\_\_ } 

Duration of Last Sickness, Long time

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, January 29 1881 James E. Drinnell M.D.,

Medical Attendant.

{ Undertaker, Denny & Mitchell

{ Place of Business, 65 S Broadway Address, 299 E Baltimore St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, January 26<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { cross out the word not required in this line. }

Age, five Years, one Months, six Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number }

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 28, 1881

{ Undertaker, M. A. Baizer

{ Place of Business, 74 S. Broadway

Address, 217 S. Broadway

Richard L. Quinn M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45744

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

January 26, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Christina Lockington

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

2

Years,

11

Months,

9

Days.

Color,

White

~~Married~~, Single, Widow or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

24. Prattway St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Phthisis

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial,

Western Cem

Date of Burial,

Jan 29th 1881

Herndon Locke M.D.,  
Medical Attendant.

{ Undertaker,

Julius Rackler

{ Place of Business,

Sharp Cross St

Address,

146 Hammond St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Cooper

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 70 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white Sex, female

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore - Maryland

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give street and number. } 345 Saratoga St

Cause of Death, { First (Primary,) \_\_\_\_\_  
Second (Immediate,) \_\_\_\_\_ } Chronic Hepatitis  
Asthma ✓

Duration of Last Sickness, Several years (in bed last two weeks.)

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 27

{ Undertaker, C. H. Bazzard  
Place of Business, 201 Calver }

Address 47 Edmondson Ave

Gas. E. Gibbons M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 28 1887

Full Name of Deceased, {

Write legibly and spell correctly. If an infant not named, give names of parents.

Clara Virginia Clark

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 20 Years, 1 Months, 1 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number }

99 Hanover

Cause of Death, { First, (Primary.)

Second, (Immediate.)

Endo, Peri Metritis  
5 days

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 30

Geo. H. Benson M. D.  
Medical Attendant.

{ Undertaker, Barnard Clark

{ Place of Business, 82 West St.

Address, 144 Hanover

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WEL. J. C. DULANTY & CO. CITY PRINTERS AND STATIONERS.

[97-23]



The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 415747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 28th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Murrell

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 11 Years, 3 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Balk. Co

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balk. Co

Duration of Residence in the City of Baltimore, Charles & Pleasant Sts

Place of Death, { Give street and number } Scarlet Fever

Cause of Death, { First, (Primary,) Brain involved Second, (Immediate,) Heart failure

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Jan 29th 81 Alfred Vanstane M. D. Medical Attendant.

{ Undertaker, Thos P Hughes

{ Place of Business, 144 E. Baltimore Address, 92 N. E. Ave. St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

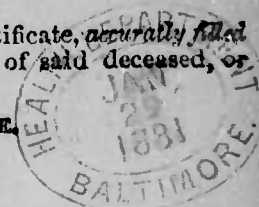
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Jan 23. 1888

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary Cunningham

Sex, ~~Male~~ or Female, cross out the word not required in this line.

Age, 66 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

~~Married~~, Single, Widow or ~~Widower~~, Cross out the word not required in this line.

Occupation, Housewife

Birthplace, State or country, (and how long in the United States, if of foreign birth.) Ireland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, Give street and number 244 E. Pratt St.

Cause of Death, First, (Primary.) Pneumonia  
Second, (Immediate.) Cholera

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 31 of January

Undertaker, Harold Koehler

Place of Business, 244 E. Lombard

G. Glawilg, M. D.  
Medical Attendant.

Address, Balt. & Wash. Sts.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 45749  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 28. 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ashael Langpher

Sex, Male or Female, { cross out the word not required in this line. }

Age, 77 Years, 9 Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Manufacturer

Birthplace, { State or country, (and how long in the United States if of foreign birth. } R. Island

Duration of Residence in the City of Baltimore, 43 years

Place of Death, { Give street and number } 42 Bond

Cause of Death, { First, (Primary,) Age & Debility  
Second, (Immediate,) } Died Suddenly

Duration of last Sickness, Died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Jan 30 1881 W. D. Medical Attendant.

Undertaker, Dr. Meyer

Place of Business, 127 1/2 Balto St Address, 349 E. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[97411]



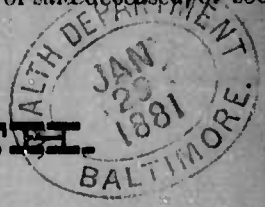
# Board of Health, City of Baltimore,

Permit No. 45750

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Jan 28

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas A Winton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, 8 Months, 14 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 22

Place of Death, { Give street and number. } 13 Ches alley

Cause of Death, { First, (Primary.) } Pleurisy  
{ Second, (Immediate.) }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 30

{ Undertaker, B. Harle

{ Place of Business, 482 West St. Address, 313 Light St

J. H. P. Ellis M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45751

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

January 27<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Edward Pitts

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Five Years,

Eleven

Months,

Three

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Clerk

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Trenton, New Jersey,

Duration of Residence in the City of Baltimore,

Nineteen years

Place of Death,

{ Give street and number. }

#659 W. Lombard

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Apoplexy

A few hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Leaden Pipe

Date of Burial,

January 30<sup>th</sup> 1881

{ Undertaker,

J. H. Loan

{ Place of Business,

Lombard & Carlton Sts

Address,

*[Signature]* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 28 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Myrtle Cook

Sex, Male or Female, { cross out the word not required in this line. }

Age, 4 Years, 5 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 150 S. Paca St

Cause of Death { First, (Primary.)  
Second, (Immediate.) } Diphtheria

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Jan 30 1881

Undertaker, W. G. Tucker

Place of Business, 65 S. Eutaw St Address, 76 S. Eutaw St

J. H. Green M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 28, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles D. Gantline

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 Years, 10 Months, 25 Days.

Color, white Sex, Male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Piccolo Turner

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 94. Edmondson Ave

Cause of Death, { First (Primary,) Second (Immediate,) } Consumption

Duration of Last Sickness, about five months

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, Jan 30<sup>th</sup>

{ Undertaker, Meeth & Shields

{ Place of Business, 60 N. Carrollton Ave

B. F. Herman M. D. Medical Attendant.

Address 175 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45752

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Jan 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Mc Cormick

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, Weeks, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) } Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Johns Hopkins~~

Date of Burial, Jan 29<sup>th</sup> 1881

{ Undertaker, M. Clarke & Son

{ Place of Business, 64 E. Baltimore

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 45755

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Gibson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 25 Years, Months, Days.

Color, ~~ed~~Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Eastern Shore Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number } St Thomas Court 2

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Jan 30<sup>th</sup> 1881

{ Undertaker, Wm A Dunge

{ Place of Business, 1022 East St

E. C. Baldwin M. D.  
Medical Attendant.

Address, 1242 Eye St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan. 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Hedrick

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 38 Years, 3 Months, 16 Days.

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Servant -

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Canada West

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, { Give street and number } 148 1/2 Forest St

Cause of Death { First, (Primary.) Chronic Pneumonia  
Second, (Immediate,) 4 Mors -

Duration of last Sickness, 4 Mors -

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan. 30<sup>th</sup> 1881

Undertaker, John H. Weaver

Place of Business, No 22 W. Fayette Address, 36 Greenmount Ave

Silas N. Hunter M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

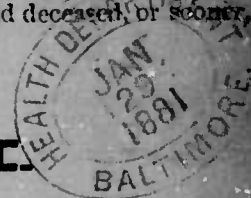
# Board of Health, City of Baltimore,

Permit No. 43757

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Kearney

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 45 Years, 9 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Philadelphia

Duration of Residence in the City of Baltimore, From Infancy

Place of Death, { Give street and number. } 15 Centre Market Space

Cause of Death, { First, (Primary.) } Myelitis.  
{ Second, (Immediate.) }

Duration of Last Sickness, Sick several years - Ill one week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea Cemetery

Date of Burial, Jan 30<sup>th</sup> 1881

{ Undertaker, James O. Byrne

{ Place of Business, 4663 N. Front St

J. F. Powell, M.D.,  
Medical Attendant.

Address, 227 Carrollton Ave.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

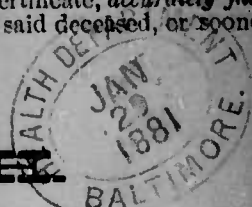
# Board of Health, City of Baltimore,

Permit No. 45758

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

Jan 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Cuggie Brooks

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

//

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

7-31 Booth St.

Cause of Death, { First, (Primary.) }

Whooping Cough

{ Second, (Immediate.) }

Pneumonia

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

W. Pub. Cemetery

Date of Burial,

Jan 29<sup>th</sup> 81

{ Undertaker,

A. A. Rechner

{ Place of Business,

50 S. Carrollton

Address,

James H. Stearns M.D.,  
Medical Attendant

Comm. of Health

+ Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Attest by Jas. V. Patrick [OVER.]



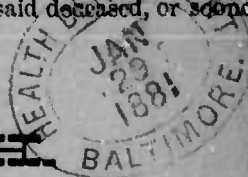
# Board of Health, City of Baltimore,

Permit No. 4157.59

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 27th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Williams Hoskins

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 7 Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 167 St. Edmond St

Cause of Death, { First, (Primary.) Catarh  
Second, (Immediate.) Pneumonia with convulsion }

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 30th 1881

{ Undertaker, John J. J. J.

{ Place of Business, 161 E. Baltimore St Address, Broadway & E. Baltimore St

Wilton H. Hughes M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45760

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Dec 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Duffy

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age,        Years,        Months, 15 Minutes Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Forrest & Douglas Sts

Cause of Death, { First, (Primary.) } Asthma  
{ Second, (Immediate.) }       

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 29<sup>th</sup> 1881

{ Undertaker, John C. Jordan } Comm of Health  
{ Place of Business, Nulbany St } Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. P. Smith

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH.

Date of Death, Jan 29<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Philips

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 6 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 49 Valley St

Cause of Death, { First, (Primary.) Second, (Immediate,) } Scarlatina Nephritis  
Pneumonia

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Jan 31<sup>st</sup> Thos. Brooke M.D. M. D.  
Medical Attendant.

Undertaker, H. C. Wiedupfel

Place of Business, 90 Greenmount Address, \_\_\_\_\_

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[9748]



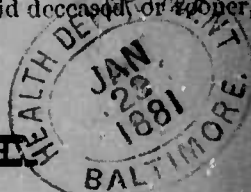
# Board of Health, City of Baltimore,

Permit No. 45762

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *under*, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan 27 1881

Full Name of Deceased, Bernard Morton { Write legibly and spell correctly. If Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 60 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, Ireland (15 yrs in Am) { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, D- Joseph Hospital { Give street and number. }

Cause of Death, Consumption (Phthisis)  
Exhaustion { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, Jan 29

Undertaker, Jay & Co

Place of Business, 34 W Broadway Address, 188 N Calver St

Dean J. Carter M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45763

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Lewis

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 19 Years, Months, Days.

Color, color

Married, Single, ~~Widow~~ Widower, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } 44 Lexington

Cause of Death, { First, (Primary.) Phthisis pulmonalis }  
{ Second, (Immediate.) Hemorrhage from lungs }

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29<sup>th</sup> 1881

{ Undertaker, Abraham Wayman }

{ Place of Business, 13 Saratoga }

Edw. R. Walker M.D.,  
Medical Attendant,

Address, Corona Md.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45764

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, January 29<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Hagerty

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Fifty three Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Black Smith

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, { Give street and number. } Ryan St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia  
Exhaustion

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 31

Undertaker, J B Cook

Place of Business, 707 West Pratt Street

Address, 454 Madison Ave

J. P. M. Connick M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List on Discharge of Duty.

## Board of Health, City of Baltimore,

Permit No. 45768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan. 27th at 3 o'clock

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane C. Allen

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 68 Years, Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housekeeper of own house

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and number } Lexington St. near Poppleton

Cause of Death { First, (Primary,) Apoplexy  
Second, (Immediate,) 12 hours

Duration of last Sickness, 12 hours

Place of Burial, Mt. Olivet

Date of Burial, Jan. 30th

Undertaker, J. Blackiston

Place of Business, 222 Carey Address, Lombard & Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 28 or 7 881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Abraham L. Mayer

Sex, Male or Female, { cross out the word not required in this line. }

Age, 70 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Retiree

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, over 20 years

Place of Death, { Give street and number } 35 Orleans St. Baltimore

Cause of Death { First, (Primary.) Phthisis catarrhal  
Second, (Immediate,) four weeks - cough for years

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Old Swan Creek Cemetery

Date of Burial, 30 January

Underliaker, Wm. E. Lohr

Place of Business, 111 South St Address, 11 S. High St

A. Gregg Sherzer M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

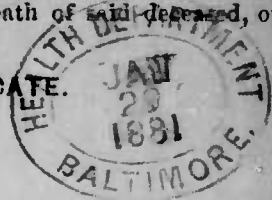
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, January 29th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Rebecca A. Travers

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 70 Years, Months, Days.

Color, White Sex, Widow

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Last ten years

Place of Death, { Give street and number. } No. 88 N. Strecker St

Cause of Death, { First (Primary,) Valvular disease of Heart  
Second (Immediate,) Asthonia & dyspnoea

Duration of Last Sickness, In bed 4 days. Been diseased for many years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jan 31st 1881 Wm. Murray M. D. Medical Attendant.

{ Undertaker, John Wacher  
Place of Business, Paca & Camden Address Fayette & Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to

List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 415768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH.

Date of Death, Jan 27 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mathew Miller

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 53 Years, 3 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, Black Smith

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number } 28 Elizabeth Lane

Cause of Death, { First, (Primary.) Second, (Immediate.) } Apoplexy  
Softening Brain

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 30 M. D.

Undertaker, B. K. K. K. Medical Attendant, \_\_\_\_\_

Place of Business, 82 West St. Address, 258 W. 7th St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[0742.]

# Board of Health City of Baltimore,

Permit No. 457 69

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Jan 28 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James. Gillen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 80 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Philadelphia Pa

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, { Give street and number. } 47 Constitution St

Cause of Death, { First, (Primary.) } Old Age  
{ Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Jan 30 - 1881

{ Undertaker, Jas. P. Byrne } { Comm. in Charge of Health } { Medical Attendant. }

{ Place of Business, Frank St } { Address, } { Registrar }

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Ex 45 Ino, E. Dunning

[OVER.]

# City of Baltimore,

Permit No. 40770

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Jan 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Connolly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } England 3 years in U.S.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give street and number. } Bainbridge Commerce St. Board on Schooner Saml. Fin

Cause of Death, { First, (Primary.) } Accidental  
{ Second, (Immediate.) } Drowning

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 28<sup>th</sup> 1881

{ Undertaker, Henry W. Mearns

{ Place of Business, 45 N. Gay St. Address, Corner M & D

Edw. J. Walker M.D.,  
Medical Attendant

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 45771

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Jan 28 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank H. Beckwith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) }

{ Second, (Immediate.) }

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Jan 30 - 1881

Date of Burial, St James Ave

{ Undertaker, A Kahler

{ Place of Business, 244 E Lombard

James H. Beckwith M.D.,  
Commissioner of Health

Address, Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ex 9 Jas P Smith

# Board of Health, City of Baltimore,

Permit No. 45772

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

M.D.,

{ Undertaker,

{ Place of Business,

Address,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 45773

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, January 28<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank H. WickhamSex, Male or ~~Female~~, { cross out the word not required in this line. }Age, 1 ~~Twenty~~ one Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }Occupation, NoneBirthplace, { State of country, (and how long in the United States, if of foreign birth. } Baltimore City, Md.Duration of Residence in the City of Baltimore, Life timePlace of Death, { Give street and number } 165 BarkerCause of Death, { First, (Primary.) Second, (Immediate.) } DropsyDuration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus CemDate of Burial, Jan. 31<sup>st</sup> 81 Nicholas J. Deshires M. D.  
Medical Attendant.{ Undertaker, M. G. Francis{ Place of Business, 280 Canton Ave Address, 207 E. Broadway**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

Permit No. 45774

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Jan. 27/81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis C. C.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 64 Years, Months, Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, woman

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Acute Pneumonia  
Second, (Immediate.) }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan. 30/81

{ Undertaker, M. Francis

{ Place of Business, 200 Canton Ave. Address, 115 S. Broadway

R. W. Mansfield M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

## Board of Health, City of Baltimore.

Permit No. 45770 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

28 January 1886

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Jos. B. Wentworth

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

42

Years,

0

Months,

0

Days,

Color,

White

Married, Single, Widow or Widower,

Married

Cross out the word not required in this line.

Occupation

Painter

Birthplace,

State or country, and how long in the United States, if of foreign birth.

Baltimore Md

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give street and Number.

No 12 Redden St

Cause of Death,

First (Primary),

Disease of the Heart

Second (Immediate),

Softening of the Brain

Duration of Last Sickness,

All the above info matter should be furnished by the Physician.

Place of Burial,

Balt. Cemetery

Date of Burial,

Jan 30 1886

M. D.

Undertaker

Wm. S. D. Gordon

Medical Attendant.

Place of Business,

208 Light St

Address,

146 Heavens

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, January 29<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick August Kleppisch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Seventy three Years, Two Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, retired tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. ) } Germany

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, { Give street and number. } 78, N. Schroder Street

Cause of Death, { First (Primary,) Old age  
Second (Immediate,) Marasmus senilis

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park.

Date of Burial, Jan. 31<sup>st</sup> 1881.

{ Undertaker, Adam. Weidenmeyer

{ Place of Business, 578 1/2 West. Baltimorest.

Morris Miner

M. D.

Medical Attendant.

Address 319, St. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Jan: 29th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sol and Lail Krays

Sex, Male ~~Female~~, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 4 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Allegheny Cemetery

Date of Burial, Jan 30 1881

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Green St.

Address, 2 Cathedral St.

Hemorrhage of Stomach - Four days

H. Lewis Schaefer

M. D.

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death,

Jan. 28. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Hannah Wilson

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Female

Age, 85 Years,

Months,

Days.

Color,

Sex, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Widow

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Queen Anne's Co Maryland

Duration of Residence in the City of Baltimore,

39 years

Place of Death, { Give street and number. }

44 Rabing Street

Cause of Death, { First (Primary,) Second (Immediate,) }

Apoplexy

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Jan'y 31st 1881

W. G. Knowles

M. D.

Medical Attendant.

{ Undertaker,

W. H. Chase

{ Place of Business,

198 Howard

Address

312 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45779

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *Margaretha Spindler Jan. 29: 7:30 P.M. 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Margaretha Spindler*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *34* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *X X*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Bavaria - Germany*

Duration of Residence in the City of Baltimore, *26 Years*

Place of Death, { Give street and number. } *226 P. Ann St. up stairs*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Double Pneumonia*

Duration of Last Sickness, *Ten Days.*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel*

Date of Burial, *Jan. 31: 11:00 A.M.* *James E. Drinnell* M.D.,  
Medical Attendant.

{ Undertaker, *Henry Sander*

{ Place of Business, *252 Calver Ave* Address, *299 E. Baltimore St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 45780

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

M.D.,

Medical Attendant.

{ Undertaker,

{ Place of Business, Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45781

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Jan 29 " 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Weiffard

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 82 Years, Months, 11 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ☒ Married

Occupation, Germany 40 yrs

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 12 Enson St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Senile decay

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 31 '1881

{ Undertaker, E. A. Lammey

{ Place of Business, 38 Enson St

{ Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. B. Smith [OVER.]

No. 45782

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, January 29<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James K. WilkesSex, Male or Female, { cross out the word not required in this line. } MaleAge, 49 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City MdDuration of Residence in the City of Baltimore, LifetimePlace of Death, { Give street and number } 134 N BroadwayCause of Death, { First, (Primary.) } Cancer Liver  
{ Second, (Immediate.) } ExhaustionDuration of last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Green MountDate of Burial, Jan 31<sup>st</sup> 1881{ Undertaker, McLean & Barks } Shetton M. D. Medical Attendant.{ Place of Business, Room 22 } Address, 437 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DOLAN &amp; CO. CITY PRINTERS AND STATIONERS.

[744]



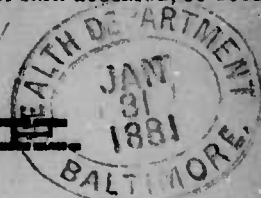
# Board of Health, City of Baltimore,

Permit No. 45783

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

Jan. 30/81

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

George Harnyer.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

2 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Balti.

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give street and number. }

216 Chesnut Ch.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Scarlet Fever.

Arterial.

Deep

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel

Date of Burial,

Jan 31/81

{ Undertaker,

Goy and Son

{ Place of Business,

Edward P. M. Gevitt M.D.,

Medical Attendant.

Address,

269 N. Calvert St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

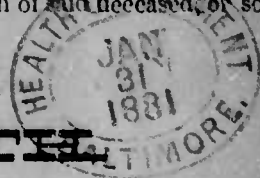
# Board of Health, City of Baltimore,

Permit No. 45784

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 29<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George, A. Whissner

Sex, Male or ~~Female~~; { Cross out the word not required in this line. }

Age, 39 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~; { Cross out the word not required in this line. }

Occupation, Engineer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give street and number. } 72, N. Broadway

Cause of Death, { First, (Primary.) Hypertrophy Heart  
Second, (Immediate.) Amb- Bronchitis }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jan 31 1881

{ Undertaker, J. M. Brown

{ Place of Business, \_\_\_\_\_

Wm. L. Russell M.D.,  
Medical Attendant.

Address, Broadway & Madison St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45785

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

Jan 30 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Martha Barrett

Sex, Male or Female,

Cross out the word not required in this line.

Age,

41

Years,

Months,

Days.

Color,

white

Married, Single, Widowed or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Ireland

Duration of Residence in the City of Baltimore,

10 years

Place of Death,

Give street and number.

2 Pleasant St

Cause of Death,

First, (Primary.)

Chronic Rheumatism

10 years

Phthisis Pulmonalis 14 years

Second, (Immediate.)

Exhaustion

Duration of Last Sickness,

4 months, I only saw her once 3 months ago, not in

All the above information should be furnished by the Physician.

Place of Burial,

St Vincent Cemetery

Date of Burial,

Jan 31 1881

Undertaker,

James C. Byrne

Place of Business,

Front Street

Address,

St Vincent Cemetery

Geo B. Reynolds M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 29 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catara Edging

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 37 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } N. 353 N. Cent Avenue

Cause of Death { First, (Primary.) Second, (Immediate.) } Pneumonia  
Five days

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 1st 1881 J. H. Butcher M. D.  
Medical Attendant.

Undertaker, E. Coe Schilling

Place of Business, Ashtland Square Address, 23

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

January 30. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alice Ashcroft Henderson

Sex, Male or Female, { cross out the word not required in this line. }

Female

Age,

1

Years,

11

Months,

18

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number }

267 W Hoffman Street

Cause of Death

First, (Primary,)

Unknown

Second, (Immediate,)

Duration of last Sickness,

1 day

All the above information should be furnished by the Physician.

Place of Burial,

Mt. Olivet Cemetery

Date of Burial,

Jan 31<sup>st</sup> 1881

Marbury Brewer

M. D.

Medical Attendant.

Undertaker,

R. K. Knevels

Place of Business,

92 Howard

Address,

58 W. Calver St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 68 McCULLOH ST.

# 45787

Baltimore, Jan'y 30. 1881.

To the Commissioner of Health



I was called to Mr Henderson's child on Sat. 29<sup>th</sup>. about 7. 30. P.M. - It had been vomiting. Some six or seven times during the day, when given food - the child looked pale, no heat about head, no fever - no sore throat - no heat about the fanns. - was perfectly conscious, the tongue was coated with white<sup>ish</sup> fur. was lying in the father's lap. - My diagnosis was Gastric irritation from ~~error~~ error in diet - I advised it being put to bed. gave some powder of Ipecacuan. - had 3x tuberculation, and to give nothing but cold water during the night. It died about 6 Am this morning - knowing no cause for death I have reported it as Cause unknown

Marbury Brewer M.D.



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 4

## Board of Health, City of Baltimore,

Permit No. 4-15788

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

Jan 30th - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary S. Hopkins

Sex, Male or Female, { cross out the word not required in this line. }

Age, 65 Years,

Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Phil - Penn.

Duration of Residence in the City of Baltimore,

15 yrs.

Place of Death, { Give street and number }

99 N High st  
Senile Dementia

Cause of Death { First, (Primary,) Second, (Immediate,) }

Duration of last Sickness,

Six weeks

All the above information should be furnished by the Physician.

Place of Burial,

Falton Md

Date of Burial,

Feb 1st 1881

Undertaker,

Thos. S. Haynes

Place of Business,

60 E. Balto St

Address,

St. Legation  
M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[ov

No. 45789

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan. 30, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edw. E. Lindsay

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 18 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Balt. Med.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 18 N. Ann St.

Place of Death, { Give street and number }

Cause of Death, { First, (Primary.) Pertussis  
Second, (Immediate.) Epilepsy  
Eight months

Duration of last Sickness, All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Feb 1st/81 G. G. Husk M. D.

{ Undertaker, Wm. F. &amp; Bro. Medical Attendant.

{ Place of Business, E. Fayette &amp; Broadway Address, Balt. &amp; Pra. L. St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

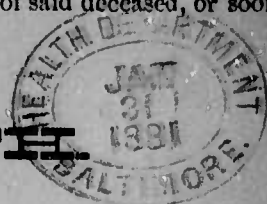
# Board of Health, City of Baltimore,

Permit No. 48720

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 30 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie B. Wagoner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 21 Years, 8 Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Lady

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 21 yr 8 mo

Place of Death, { Give street and number. } 97 Hamburg St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis Pulmonalis

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 1, 1881

{ Undertaker, Philipp J. Dier

{ Place of Business, 183 Columbia Ave Address, 616 W Baltimore St

*[Signature]* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Jan 28<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

George Washington

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 79 Years,

Months,

Days.

Color, Copper

Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Carroll County

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

No 10 Division

Cause of Death, { First (Primary), }

Pneumonia

Second (Immediate),

Duration of Last Sickness,

Several years

All the above information should be furnished by the Physician.

Place of Burial,

Samuel County G F Adams

M. D.

Date of Burial,

Jan 31<sup>st</sup>

Medical Attendant.

{ Undertaker,

Theodore Lock

Address

215 Draid Hall Ave

{ Place of Business,

Wolfe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 145792  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 145792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ann McCarty

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 62 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Washwoman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Northumberland Co. Va.

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give street and number } 155 S. Durham st

Cause of Death, { First, (Primary,) Phthisis  
Second, (Immediate,) }

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 31st 1881

{ Undertaker, Mrs. J. Locke

{ Place of Business, 12 reference Address, 53 S. Eden st

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[0748.]

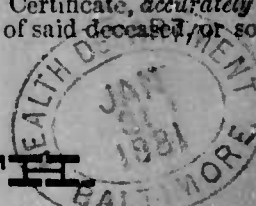
# Board of Health, City of Baltimore,

Permit No. 48793

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, January 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Vaccilia Kromke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 7 Months, 18 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 62 Camden St

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate.) Pleura Pulmonum }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Jan 31st

{ Undertaker, J. N. Trol } Medical Attendant, Henry Salzer M.D.,

{ Place of Business, 131 Hanover St } Address, 131 Hanover St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



No. 2  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 29 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Henry

Sex, Male or Female, { cross out the word not required in this line. }

Age, 19 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and number }

Cause of Death { First, (Primary.) }  
Second, (Immediate.)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Ave

Date of Burial, Jan 31 1881

Undertaker, J. R. Blough

Place of Business, Address, 92 North St

Chas. F. Smith M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

X 2059 Jan 13/81

# Board of Health, City of Baltimore,

Permit No. 45795

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

January 30, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Julia A. Morgan

Sex, Male or Female,

Cross out the word not required in this line.

Age,

57

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Gall. S. C. Smith

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

167 S. Howard St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Peritonitis

Duration of Last Sickness,

6 Days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Jan 31 1881

Frederick Leitch M.D.,  
Medical Attendant.

Undertaker,

S. H. Perkins

Place of Business,

130 Henrietta St

Address, 146 Waverly St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore

Permit No. 45796

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *Michael McCole Jan 31st 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Michael McCole*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *About 68* Years, — Months, — Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Clerk*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *42 Years*

Place of Death, { Give street and number. } *48 Volney St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Parotid Paralysis*  
*Ratheria*  
*Three Months*

Duration of Last Sickness, *Three Months*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral Cem*

Date of Burial, *Jan 31 1881*

{ Undertaker, James B. Byrne }

{ Place of Business, Front Street } Address, *Front Street*

*Alfred Smith* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. 45797

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Jan 30th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Francis Ryan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 4 Months, 2 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 70 Holladay St

Cause of Death, { First, (Primary.) Potts disease of the spine complication  
Second, (Immediate.) Congestion of lungs from cardiac }  
Four months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Feb 13 1881

{ Undertaker, James D. Byrne

{ Place of Business, No 63 N Front St

Address,

Wm Whitridge M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 29th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Baker

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 56 Years, 2 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Watchman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Sweden

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number } 45 E. Pratt St

Cause of Death, { First, (Primary.) } Pneumonia  
{ Second, (Immediate.) }

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 4th 1881 E. John Williams, D.

Medical Attendant.

{ Undertaker, Denny & Mitchell

{ Place of Business, 63 S Broadway Address, 17 Palmyra St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, January 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George C. Birch

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 5 Years, 6 Months, 26 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, U. S. A. Lifeline

Birthplace, { State or country, (and how long in the United States. if of foreign birth. } U. S. A.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 24 Caroline St

Cause of Death, { First, (Primary.) Second, (Immediate,) } Ecchymosis Congestion of Brain

Duration of last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, February 1st 1881 J. Ridgway Andre M. D. Medical Attendant.

{ Undertaker, Denny &amp; Mitchell }

{ Place of Business, 65 Broadway Address, No 121 E. Pratt St }

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OV 4B.]



# Board of Health, City of Baltimore,

Permit No. 45800

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, January 31/54 881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lewis Pritch  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, 22 Years, 4 Months, Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single  
Occupation,   
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore  
Duration of Residence in the City of Baltimore, 12 years  
Place of Death, { Give street and number. } 154 1/2 Sterling Street  
Cause of Death, { First, (Primary.) Typhoid Pneumonia  
Second, (Immediate.) Marasmus  
Duration of Last Sickness, 12 (1) Year  
All the above information should be furnished by the Physician.  
Place of Burial, St. Albans as Lent  
Date of Burial, Feb 2, 1881  
Undertaker, Henry Hoach  
Place of Business, 309 Centre Ave Address, J. M. Elmer M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45801

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Jan 30 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Young

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, Years, Months, 7 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 31 1881

Undertaker, W. H. Dungee

Place of Business, East St

Address, Corning of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Ex by Jos. V. City Patrie

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, January 20 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa SiehlSex, ~~Male~~ or Female, { cross out the word not required in this line. } FemaleAge, 4 Years, 10 Months, 5 Days.Color, WhiteMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } U. S. A.Duration of Residence in the City of Baltimore, Life-timePlace of Death, { Give street and number } No 64 N Eden StCause of Death, { First, (Primary.) Second, (Immediate,) } Scarlatina MalignaDuration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CemeteryDate of Burial, Febr. 1. 1881 J. Ridgway Andre M. D. Medical Attendant.{ Undertaker, H. Hoffmann{ Place of Business, 63 N Eden St Address, No 121 E Balto St**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan. 29 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Smith

Sex, Male or Female, { cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 192 Henrietta St.

Cause of Death, { First, (Primary.) Hepatitis  
Second, (Immediate,) 3 weeks

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 14 1881 L. M. Hall M. D.

Medical Attendant.

{ Undertaker, Saml W. Chase

{ Place of Business, 1988 Howard St. Address, 262 S. Sharp St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH

Date of Death, Jan 30 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan A Wells

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 40 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City Always

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 32 Cliford St.

Cause of Death { First, (Primary.) Labor  
Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, January 31<sup>st</sup>

Undertaker, Wm J. Pickner

Place of Business, 65 S. Eutan

W. J. Pickner M. D.  
Medical Attendant.

Address, University Hospital

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45805

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *Jan 31 1881*

Full Name of Deceased, *John J. Brown* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Female* { Cross out the word not required in this line. }

Age, *29* Years, *2* Months, *9* Days.

Color, *White*

Married, Single, Widow or Widower, *Single* { Cross out the word not required in this line. }

Occupation, *Teacher*

Birthplace, *Baltimore City* { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *20 years*

Place of Death, *240 Gough St.* { Give street and number. }

Cause of Death, { First, (Primary.) *Cholera*  
Second, (Immediate.) *and* }

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cem*

Date of Burial, *Feb 1<sup>st</sup> 1881*

{ Undertaker, *Chas T Scriven*

{ Place of Business, *271 N Euteraw St* Address, *271 N Euteraw St*

*J. H. [Signature]* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 45806

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, January 31, 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hettie JacksonSex, ~~Male~~ or Female, { cross out the word not required in this line. } \_\_\_\_\_Age, 14 Years, 11 Months, \_\_\_\_\_ Days.Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, NoneBirthplace, { State or country, (and how long in the United States. If of foreign birth. } Montgomery County, Md.Duration of Residence in the City of Baltimore, 2 yearsPlace of Death, { Give street and number } 258 Parolega St.Cause of Death, { First, (Primary.) Second, (Immediate.) } Meningo-EncephalitisDuration of last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Pleasant Montgomery CoDate of Burial, February 1st 1881 A. D. Enrich V. D.

Medical Attendant.

{ Undertaker, Stewart & Moore{ Place of Business, 35 Park Ave Address, 94 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

Transit 2041

(574R.)

# Board of Health, City of Baltimore

Permit No. *45807*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *Jan 28<sup>th</sup> 1881*

Full Name of Deceased, *Joshua Stewart*

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or ~~Female~~

Cross out the word not required in this line.

Age, *36*

Years,

Months,

Days.

Color, *ed*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~

Cross out the word not required in this line.

Occupation, *None*

Birthplace, *Pennsylvania*

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *10 years*

Place of Death, *Wagon alley*

Give street and number.

Cause of Death, *Consumption*

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, *2 years & 9 months*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St. Church*

Date of Burial, *Jan 31/81*

*James A. Stearns* M.D.,

Medical Attendant

Undertaker, *W. H. Hanger*

Place of Business, *Communion Street*

Address, *Regimen*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 27  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Marian A. B. Monk Jan 30 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Marian A. B. Monk

Sex, Male or Female, { cross out the word not required in this line. }

Age, 57 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, School Wife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } N. Y.

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, { Give street and number } 90 S. Chester St

Cause of Death { First, (Primary.) Pneumonia Pulmonalis  
Second, (Immediate,) General }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Balti. Cemetery

Date of Burial, Feb. 2<sup>nd</sup> 1881 A. L. Shertzer M. D.  
Medical Attendant.

{ Undertaker, Wm. C. Bee

{ Place of Business, 84 N. Broadway Address, 11 S. High St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



No. 27  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH

Date of Death, Jan 30 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Daffany

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 25 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Surgeon

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } St Maupelo Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number } University Hospital

Cause of Death { First, (Primary,) Phthisis  
Second, (Immediate,) asthenia

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, Jan 29 1881

Undertaker, Wm J Gray

Place of Business, #68 Mulberry Address, University Hospital

A. W. E. S. M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45810

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

January 29<sup>th</sup> 1884  
John H. Adams

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 4 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 5 Saratoga Court

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 5 Saratoga Court

Cause of Death, { First, (Primary.) Premature Birth  
Second, (Immediate.) Spasms }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial Jan 31<sup>st</sup> 1884

Undertaker, Wm Jas Gray

Place of Business,

James H. Allen M.D.,  
Comm of Health  
+ Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by B. Davis

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 45811

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

Jan 30 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Rachel A. Shierman

Sex, Male or Female.

Cross out the word not required in this line.

Female

Age,

67

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Married

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Beth Md

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

185 So Bond

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Biliary Colic Jaundice  
Asthma

Duration of Last Sickness,

About five (5) weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore home.

Date of Burial,

Feb 2 81

Undertaker,

Wendel Toppel

Place of Business,

S. Bond st. 151

Address,

G L

M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 45812

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, January 29, 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia KappSex, ~~Male~~ or Female, { cross out the word not required in this line. }Age, 50 Years, 2 Months, 13 Days.Color, WhiteMarried, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany-

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } N. W. Cor. Caroline St. Canton AveCause of Death, { First, (Primary,) Second, (Immediate,) } Organic Disease of Heart.Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.Date of Burial, Feb 1 A. F. Erich M. D.

Medical Attendant.

{ Undertaker, Wendel Tippet{ Place of Business, S. Bond St. 151 Address, 94 S. Broadway

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. &amp; Co. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 11

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death, January 29th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Anna Gesslen

Sex, ~~Male~~ Female, { cross out the word not required in this line. } Female

Age, 21 Years, 9 Months, 8 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 73 Chapel St

Cause of Death, { First, (Primary.) } Phthisis Pulmonalis  
{ Second, (Immediate.) }

Duration of last Sickness, 2 years, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Alphonsus Cemetery

Date of Burial, Feb. 1

{ Undertaker, W. D. Dippel }

{ Place of Business, 151 Address, No 22 Jackson Place }

Thomas A. Evans, M. D.  
Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OV 4B.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH

Date of Death, January 31/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur D. Temple

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, 16 Months, 9 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 134 Ramsey St

Place of Death, { Give street and number } 134 Ramsey St

Cause of Death { First, (Primary.) Second, (Immediate.) } Exhaustion

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 1

Undertaker, Jos. B. Cook

Place of Business, 707 W. Balto St. Address, 384 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]



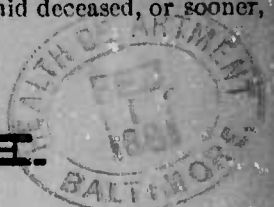
# Board of Health, City of Baltimore,

Permit No. 415815

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 14 Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 1st 1881

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

J. H. P. Hill M.D.,  
Medical Attendant.

Address, 313 Light St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 15816

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, January 29, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maud Papell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 16 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X Y

Occupation, X X Y

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } N. W. Cor Madison & Broadway

Cause of Death, { First, (Primary.) Scarletina Maligna  
Second, (Immediate.)

Duration of Last Sickness, Was called on Friday - but was sick several days before

Place of Burial, Green Mount Cem

Date of Burial, February 1, 1881

{ Undertaker, Wm H. Hickman

{ Place of Business, 1624 F St

Address, 299 E Baltimore St.

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Jan 31<sup>st</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Thomas J. Orem

Sex, Male or Female,

Cross out the words not required in this line.

Male

Age,

2

Years,

6

Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Life-Time

Place of Death,

Give street and number.

28 Walker Street

Cause of Death,

First (Primary),

Second (Immediate),

Spasm

Duration of Last Sickness,

one day

All the above information should be furnished by the Physician.

Place of Burial,

Cedar Hill cem

Date of Burial,

Feb 2<sup>nd</sup> 1881

Undertaker,

Armstrong & Denny

Address,

406 Cross St.

Place of Business,

263 Light St

J. H. Ball M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 45818

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 31<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Elizabeth Cryerick

Sex, Male or Female, { cross out the word not required in this line. }

Age, 28 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Buffo city

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 112 Warner St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } consumption

Duration of last Sickness, about 5 mths

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 2<sup>nd</sup>

A. Albers M. D.  
Medical Attendant.

{ Undertaker, Henry Brice

{ Place of Business, Henrietta St 81

Address, 95 S. Sharp St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. *45819*

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *45819*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, *Jan 31st*Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mrs Mary Ann Green*Sex, Male or Female, { cross out the word not required in this line. } *Female*Age, *75* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, *Colored*Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*Occupation, *Domestic*Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Va.*Duration of Residence in the City of Baltimore, *One year*Place of Death, { Give street and number } *20 Parish Alley*Cause of Death, { First, (Primary) Second, (Immediate) } *Intoxication following confinement*Duration of last Sickness, *One month*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*Date of Burial, *Feb 1st 1881* *H F Hill* M. D. Medical Attendant.{ Undertaker, *John L. Jordan*{ Place of Business, *Pauls am* Address, *361 Franklin St***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { cross out the word not required in this line.

Age, 35 Years,

6 Months,

24 Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line.

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number

Cause of Death { First, (Primary.)  
Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address,

M. D.

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan. 31st.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Jerome Slaughter

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 3 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 27 Woodward St.

Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Not Olinet

Date of Burial, February 1st

Undertaker, Wm. J. Fickel

Place of Business, 65 S. Eutan

H. W. Weber M. D.  
Medical Attendant.

Address 298 W. Lombard St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45822

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 1st 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lavinia B. Gayles

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 Years, 10 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } In 192 Bay St.

Cause of Death, { First, (Primary.) Chronic Bronchitis  
Second, (Immediate.) \_\_\_\_\_ }

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Conn

Date of Burial, February 2nd

{ Undertaker, Wm J. Fickner

{ Place of Business, 65 So Eutan

J. G. Woodruff M.D.,  
Medical Attendant.

Address, 205 W. Lombard

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 12th 30 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John C. Connor

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 80 45 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Retired from Business

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 55 years

Place of Death, { Give street and number } 125 N Exeter St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Feb 1st 1881 W. R. Riley M. D. Medical Attendant.

Undertaker, Gas P. Byrne

Place of Business, 63 Front St Address, 306 Madison Avenue

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OV4R.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. No. 45824

## Board of Health, City of Baltimore,

Permit No. 45824

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 30<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Whilly

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 60 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Miller

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } 65 Hearford Ave

Cause of Death, { First, (Primary.) Second, (Immediate,) } Phthisis Pulmonalis

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, February 1<sup>st</sup> 1881

Undertaker, James P. Byrne M. D. Medical Attendant.

Place of Business, No 63 N Front Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DALANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45825

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *January 31 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Engel Schomburg*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *79* Years, *7* Months, *1* Days.

Color, *White*

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Germany*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *38 years*

Place of Death, { Give street and number. } *681 W. 3rd St.*

Cause of Death, { First, (Primary.) *Old Age* }  
{ Second, (Immediate.) }

Duration of Last Sickness, *✓*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Febr. 2<sup>nd</sup> 1881*

Medical Attendant, *Alexander Finley M.D.*

{ Undertaker, *Adam Weidemeyer* }

{ Place of Business, *518 1/2 W. Baltimore St.* Address, *Corner* }

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

Permit No. 45826

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, January 31, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah A. Barringer

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 38 Years, 4 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and number } No. 288. East Fayette St

Cause of Death, { First, (Primary,) Second, (Immediate,) } Dropsy

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Church

Date of Burial, February 1st 1881 J. M. H. (Lundberg), M. D.

{ Undertaker, E. H. Mears

Medical Attendant.

{ Place of Business, 45 N. Gay St Address, No 102 N Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore

Permit No. 45827

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

January 30th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas McKelty

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

65

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Iron Moulder

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

65 years

Place of Death,

{ Give street and number. }

206 E. Monument St.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Softening of Brain  
Loud

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cemetery

Date of Burial,

Feb 2d 1881

James P. Power M.D.,  
Medical Attendant.

{ Undertaker,

Hoy W. Mearns

{ Place of Business,

45 E. Gay St

Address,

29 N. Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45828

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 31st 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elveta Carl.  
Sex, ~~Male~~ Female, { Cross out the words not required in this line. } Female  
Age, 1 Years, 2 Months, Days  
Color, Black  
Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }  
Occupation,  
Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore  
Duration of Residence in the City of Baltimore, Life-time  
Place of Death, { Give street and number. } 38 Peach Alley  
Cause of Death, { First (Primary,) Pneumonia  
Second (Immediate,)  
Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Garrison Cemetery

Date of Burial, February 2

{ Undertaker, Hercules Ross

{ Place of Business, 15 Conway St

L. W. Fall M.D.  
Medical Attendant.  
Address, 406 Cross St

### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH.

Date of Death, Dec 31 1881

Full Name of Deceased, John Thomas White

Sex, Male or Female, Male

Age, 4 1/2 Years, 8 Months, 15 Days.

Color, White Sex, Male

Married, Single, Widow or Widower, Single

Occupation, Steamfitter

Birthplace, Alexandria Va

Duration of Residence in the City of Baltimore, 4 1/2 years

Place of Death, 707 S Carey St

Cause of Death, First (Primary), Tubercular Phthisis Second (Immediate), Hemoptysis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Medical Attendant, M. D.

Date of Burial, Feb 3

Undertaker, Joseph R Cook

Address, 763 S Carey St

Place of Business, 707 West Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



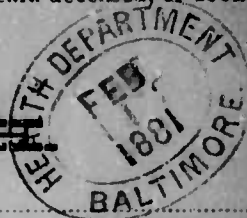
# Board of Health, City of Baltimore

Permit No. 45830

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

January 23rd 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Clara Cooke

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

55

Years,

Months,

Days.

Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Washing.

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

169 Lyson St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Apoplectic seizure resulting in paralysis.

Duration of Last Sickness,

Eleven weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

February 2 1881

Undertaker,

William C. Lungee

Place of Business,

62 East St

John G. Lungee

M.D.,

Medical Attendant.

Address,

Bar K Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled out,</sup> to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH.

Date of Death, Jan 31 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Owens

Sex, Male ~~Female~~, { cross out the word not required in this line. }

Age, 2 Years, 28 Months, 28 Days.

Color E

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 341 Vine St

Cause of Death, { First, (Primary) Second, (Immediate,) } Tubercular Meningitis  
Eclampsia

Duration of last Sickness, Two weeks (about)

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 1. 1881

Undertaker, Michael Lunge

Place of Business, 62 East St

C. C. McDowell M. D.  
Medical Attendant.

Address, 642 W. Fayette St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 27

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~and to the~~ <sup>and to the</sup> Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Jan 31<sup>st</sup> 1887Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Warner

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 80 Years, 5 months Months, 25 days Days.Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } PhiladelphiaDuration of Residence in the City of Baltimore, 25 yearsPlace of Death, { Give street and number } 230 George StCause of Death, { First, (Primary.) } Cold  
{ Second, (Immediate.) } Old age.Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Western CemeteryDate of Burial, 3rd. day of February Edward R. Ward M. D.

Medical Attendant.

{ Undertaker, Adm. Widemeyer{ Place of Business, No. 518 1/2 W. Baltimore St. Address, 248 W. Lombard St.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

{OVER}



No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Feb. 1<sup>st</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna H. ShultzSex, Male or Female, { cross out the word not required in this line. } FemaleAge, Five Years, Five Months, Fifteen Days.Color, Married, Single, Widow or Widower, { Cross out the word not required in this line. } SingleOccupation, Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.Duration of Residence in the City of Baltimore, Since BirthPlace of Death, { Give street and number } 536 Cross St.Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlet FeverDuration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CemeteryDate of Burial, Feb 2nd 1881 W. H. D. Smith M. D.

Medical Attendant.

{ Undertaker, P. V. Bell{ Place of Business, Baltimore Address, 321 B.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore

Permit No. 45834

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled out,</sup> to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 1/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Oscar Anthony Paul

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, — Years, — Months, 19 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balti-  
Life

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } S. E. Cor. Shuter & Pratt

Cause of Death, { First, (Primary.) } Imperfect development & { Second, (Immediate.) } prematurity in case of twins

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 2<sup>d</sup> 1881

{ Undertaker, J. M. Keenan & Son

{ Place of Business, 782 W. Baltimore Address, 581 Lexington Ter

Jos. Opie M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45835

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>properly filled out,</sup> to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan 30 / 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Henry Paul

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 19 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Bath ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } S. E. Cor. Shuter & Pratt

Cause of Death, { First, (Primary.) } Imperfect development & prec. { Second, (Immediate.) } maturity of testis in case of tumor

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 20 / 81

Undertaker, L. H. Leonard & Son

Place of Business, 282 W. Baltimore Address, 581 Lexington

Medical Attendant, H. O. Opie M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 12

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Jan. 31st. 1881Full Name of Deceased, <sup>Write legibly and spell correctly. If an Infant not named, give names of parents.</sup> Henry MillerSex, Male or Female, <sup>cross out the word not required in this line.</sup> MaleAge, 4 Years, 14 Months, 14 Days.Color, WhiteMarried, Single, Widow or Widower, <sup>Cross out the word not required in this line.</sup> SingleOccupation, NoneBirthplace, <sup>State or country, (and how long in the United States, if of foreign birth.)</sup> BaltimoreDuration of Residence in the City of Baltimore, All his lifePlace of Death, <sup>Give street and number</sup> No. 16 S. Castle St.Cause of Death, <sup>First, (Primary.)</sup> Cyanosis  
<sup>Second, (Immediate.)</sup> ConvulsionDuration of last Sickness, All his life (Convulsions since birth)

All the above information should be furnished by the Physician.

Place of Burial, St. AlphonsusDate of Burial, Feb. 2nd '81 E. P. Jones M. D.  
Medical Attendant.{ Undertaker, M. Francis{ Place of Business, No. 16 S. Castle St. Address, #406 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WEL. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 12 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Tillie Gehhart

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 17 Years, — Months, 22 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number } 38 Bank St.

Cause of Death, { First, (Primary,) Diphtheria  
Second, (Immediate,) Apnea }

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 3d February 1881 A. G. Erich M. D.

Medical Attendant.

{ Undertaker, Thelma L. Lippel }

{ Place of Business, 151 &amp; 153 S. Bond St. Address, 94 S. Broadway }

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on

## Board of Health, City of Baltimore,

Permit No. 45838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Jan 31 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Eugene Tyson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 4 Months, 8 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number } 106 Burgundy Ave

Cause of Death { First, (Primary.) Cataract & Pneumonia  
Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Forest cemetery

Date of Burial, 2<sup>nd</sup> February 1881 A. W. C. Hoffman M. D.  
Medical Attendant.

Undertaker, L. W. Perkins & Co

Place of Business, 130 Henrietta Address, 313 W. Lomb

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August. Deer

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, one Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Life-time

Duration of Residence in the City of Baltimore, 427 Cross St

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Diphtheria, Croup

{ Second (Immediate), 3 days

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore (Cem)

Date of Burial, Feb. 3rd 1881

{ Undertaker, Julius Kachler

{ Place of Business, Sharp & Cross St

Address, 406 Cross St

L. H. L. Ball M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on last page.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Feb 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth F. Coburn

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Forty four Years,

Months,

Days.

Color,

White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number }

121 N Exeter St  
Phtisis Pulmonalis

Cause of Death { First, (Primary.)

Second, (Immediate.)

Three years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery

Date of Burial, Feb 2nd 1881

Undertaker, A H Myer

Place of Business, 12 W Balto St  
481 71 Broadway

Elias C Price M. D.  
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Jan 31, 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johanna LevenSex, Male or Female, { cross out the word not required in this line. } FemaleAge, 47 Years, 7 Months, 17 Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } marriedOccupation, GermanyBirthplace, { State or country, (and how long in the United States, if of foreign birth. } GermanyDuration of Residence in the City of Baltimore, 27 years.Place of Death, { Give street and number } 101 East-Central ChoptankCause of Death { First, (Primary,) Heart Disease  
Second, (Immediate,) DropsyDuration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mount CarmelDate of Burial, Feb 2 1881 A. B. Quod M. D.

Medical Attendant.

{ Undertaker, Henry Sander{ Place of Business, 256 Canton Ave. Address, \_\_\_\_\_**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]



No. 1  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Feb 1 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Claude Magnude Tubman

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 10 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, House 2nd

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } House 2nd

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give street and number } 775 Maryland Ave

Cause of Death { First, (Primary.) Scarlet Fever  
Second, (Immediate,) —

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Howard Co

Date of Burial, Feb 2

Undertaker, McEith & Shields

Place of Business, 60 N Carrollton Ave

J Harvey Hill M. D.  
Medical Attendant.

Address, 119 Edmondson Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 31<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Demek

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 26 Years, 7 Months, — Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 292 S. Charles St

Cause of Death { First, (Primary,) } Abscess of Brain  
{ Second, (Immediate,) } 4 weeks

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alfons Cemetery

Date of Burial, February 3

{ Undertaker, B. Harle

{ Place of Business, 82 West Street Address, 164 S. Paca St.

C. L. Buddenbom M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

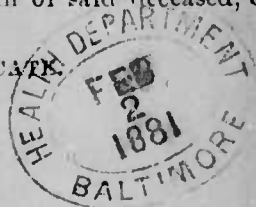
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Jan. 31 '81  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David, Howard  
Sex, Male or Female, { Cross out the words not required in this line. } Male  
Age, 30 Years, Months, Days  
Color, Colored  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } don't know  
Occupation, Convict  
Birthplace, { State or country (and how long in United States, if of foreign birth.) } don't know  
Duration of Residence in the City of Baltimore, 3 Months  
Place of Death, { Give street and number. } Maryland Penitentiary  
Cause of Death, { First (Primary,) Spinal Meningitis  
Second (Immediate,) General Paralysis  
Duration of Last Sickness, 3 Weeks  
All the above information should be furnished by the Physician.  
Place of Burial, P. Cemetery  
Date of Burial, February 1  
Undertaker, Patrick Mullin  
Place of Business, }  
Medical Attendant, Silas Baldwin M.D.  
Address, 152 Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

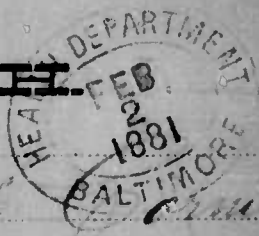
Permit No. 48845

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb. 1st, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara M. Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Five Years

Place of Death, { Give street and number. } 374 Eastern Ave.

Cause of Death, { First, (Primary.) Peritonitis }  
{ Second, (Immediate.) }

Duration of Last Sickness, Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb. 3rd 1881

{ Undertaker, M. Clanta Jones }  
{ Place of Business, 64 E. Baltimore }  
Address, 2117 E. Baltimore

Medical Attendant, M.D., [Signature]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 31<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ada Belle Blackwell

Sex, Male or Female, { cross out the word not required in this line. }

Age, / Years, 5 Months, 25 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 43 N. Dallas St

Cause of Death { First, (Primary.) Second, (Immediate.) } Apoplexy  
Congestion of Brain  
7 Weeks

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Asbury C. Cemetery

Date of Burial, Feb 2<sup>nd</sup> 1881

Undertaker, Geo. J. Locks

Place of Business, \_\_\_\_\_

Address, 196 E. Baltimore St

Medical Attendant, Wm. A. Hill M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 31 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles H. Smith

Sex, Male or Female, { cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 15 Union alley

Cause of Death { First, (Primary,) Scarlet Fever  
Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2 1881

Undertaker, John W. Locks

Place of Business, 73 Jefferson st Address, 196 E Baltimore St

Wm. A. Hill M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



No. 45848

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 31, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Warfield

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 34 Years, 8 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Washerwoman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland (Eastern Shore)

Duration of Residence in the City of Baltimore, Ten years

Place of Death, { Give street and number } S. Bethel No 11.

Cause of Death, { First, (Primary,) } Pyphoid pneumonia  
{ Second, (Immediate,) }

Duration of last Sickness, about five weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Feb 2nd 1881

A. V. Soueiler M. D.  
Medical Attendant.

{ Undertaker, Thos. J. L. L. L.

{ Place of Business, 73 Jefferson St.

Address, 144 S. Ann St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 21  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 1<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William D. Radin

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 49 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Labourer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } \_\_\_\_\_

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, { Give street and number } 38 Columbia Ave

Cause of Death { First, (Primary,) Intro-susception  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 3<sup>rd</sup> 1881

Undertaker, John Mascher

Place of Business, Academy Address, 76 St. Paul

J. H. Lunge M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, January 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Brown

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 74 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Treasurer Peoples Gas Co

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 1617 W. Taylor St

Cause of Death { First, (Primary.) Cold  
Second, (Immediate,) Erysipelas

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Feb 2/81

Undertaker, Stuart & Wm

Place of Business, 35 Park Ave

W. E. Clapette M. D.  
Medical Attendant.

Address, W. S. Entwistle

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



# Board of Health, City of Baltimore

Permit No. 45857

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb 1

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Montgomery

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, { Give street and number. } 315 Foster St

Cause of Death, { First, (Primary.) Chronic Inflammation of bowels. Second, (Immediate.) }

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 3 1881

{ Undertaker, Armstrong & Dany

{ Place of Business, #268 Light St

J. H. D. Ellis M.D.,  
Medical Attendant.

Address, 313 Light St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4582

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 1st - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Oliver

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 5 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 165 - Lemon Alley.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 165 - Lemon Alley.

Cause of Death, { First, (Primary.) Effects of Cold. Second, (Immediate,) Three days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 2nd 1881

Edward R. Ward M. D.  
Medical Attendant.

Undertaker, William N. Dungee

Place of Business, No 62 East St

Address, 248 W. Lombard St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Jan 31. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Perrotte Child

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, 1/4 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 33 Maude St

Cause of Death, { First (Primary,) Second (Immediate,) } Permatum

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2 1881

{ Undertaker, { Emanuel Robt. Madden } Address 223 Maude Ave.

{ Place of Business, 116 Orchard St }

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. *458574*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *Feb 1st 81*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Annie Moody*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *23* Years, *11* Months, *4* Days.

Color, *Red*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Virginia*

Duration of Residence in the City of Baltimore, *3 Years*

Place of Death, { Give street and number. }

*7 uptown La*

Cause of Death, { First, (Primary.) Second, (Immediate.) }

*Phtisic Pulmonalis*

Duration of Last Sickness, *8 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Spanish St Cemetery*

Date of Burial, *Feb 2 1881*

*John C. Bond*

M.D.,

Medical Attendant.

{ Undertaker, *Henry G. G. G. G.*

{ Place of Business, *46 E. Howard St*

Address, *226 Mulberry St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45855

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, July 31, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edith M. Dowell

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 1 Year, 11 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. }

694 Saratoga

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Meningitis  
Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Feb 3rd 1881

Geo. H. Hartman M.D.,  
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St Address, #305 N. Caroline St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 45856

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

**CERTIFICATE OF DEATH.**

Date of Death, Feb. 10 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Hill

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 Years, 4 Months, 7 Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 77 Arlington av.

Cause of Death, { First, (Primary,) Inflammation of Brain  
Second, (Immediate,) 20 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's

Date of Burial, Feb 3-1881 J. W. C. Cuddy, M. D.  
Medical Attendant.

{ Undertaker, P. Kinner

{ Place of Business, 317 Mulberry St. Address, 383 Franklin St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER]



# Board of Health, City of Baltimore

Permit No. 45857

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Joseph Mahrer Jan 2

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Mahrer

Sex, Male or Female, { Cross out the word not required in this line. } 72. 5. 28

Age, 72 Years, 5 Months, 28 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 46

Place of Death, { Give street and number. } 78. 87. Schroeder

Cause of Death, { First, (Primary.) Old age }  
Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 3 - 1881

{ Undertaker, Peter Kummer }

{ Place of Business, 317 Mulberry St Address, 226 Mulberry St

Louis H. Horn M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 415858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Tuesday, February 1st, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James G. Thomas

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 47 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Carpenter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } #184 East St.

Cause of Death { First, (Primary,) Chronic Bright's Disease complicated with Hypertrophy of Heart & Phthisis. Second, (Immediate,) 8 years.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, February 3rd, 1881

Undertaker, J. P. J. J. J.

Place of Business, 161 E. Baltimore St.

Witness, J. J. J. M. D. Medical Attendant.

Address, 25 E. Baltimore St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore

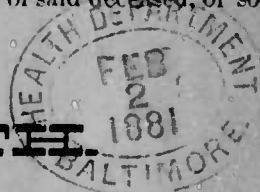
Permit No.

45859

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan. 31<sup>st</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernay J. Mc Namara

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 36 Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Porter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } 82 S. Exeter St.

Cause of Death, { First, (Primary.) Typhoid Second, (Immediate.) Supposed Embolus - }

Duration of Last Sickness, 2 months and 13 days -

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 3<sup>d</sup> 1881

{ Undertaker, H. W. Mears

{ Place of Business, 45 N. Gay St.

Alan P. Smith M.D.,  
Medical Attendant.

Address, 45. Franklin St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Last Page.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

### CERTIFICATE OF DEATH.

Date of Death, Feb. 25 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Milamina I. C. Book

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 2 Months, 5 Days.

Color, White

Married, Single, ~~Widow~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bucks

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, { Give street and number } 55 Stiles St

Cause of Death { First, (Primary,) Pertussis  
Second, (Immediate,) Pneumonia }

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 27 1881

Undertaker, Peter Frey

Place of Business, 91 E. 1st St

Address, 1 1/2 S. Exeter St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45861

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

February 12 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma C. Vardy

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

7

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Single

Occupation,

None

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give street and number. }

44 E. Hayette Street

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Diphtheria

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

Bell Cemetery

Date of Burial,

Feb 3rd 1881

Undertaker,

Thos. J. Hughes

Place of Business,

60 E. Baltimore

Address,

81 Broadway

Paul G. W. Hance M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH

Date of Death, January 31 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sam Browner

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 52 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, ~~Widow~~, ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Not Known

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number } No 3 Dawson alley

Cause of Death { First, (Primary,) Pneumonia  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 2 WEEKS

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St. Cemetery

Date of Burial, Feb 2nd 1881

{ Undertaker, Wm. Bishop Jr.

{ Place of Business, 97 Craig Hill W.

Address, University Hospital

M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45863

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, February 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Maygaw

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 59 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } County Wexford Ireland

Duration of Residence in the City of Baltimore, Twenty Seven Years

Place of Death, { Give street and number. } No 78 & 156 N. Calver St

Cause of Death, { First, (Primary.) Phthisis  
Second, (Immediate.) Chronic Diarrhoea

Duration of Last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 3 1881 M.D.,

Medical Attendant, J. P. Yates

{ Undertaker, H. C. Wiedefeld  
Place of Business, 90 Greenmount Address, 137 N. E. St. St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 1<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Labella Melcomb

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 68 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Armagh Ireland

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, { Give street and number } 92 Green Mt Avenue

Cause of Death, { First, (Primary,) Organic Heart Disease  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, Six mos

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 2<sup>d</sup>

C. B. Williams M. D.  
Medical Attendant.

{ Undertaker, H. C. Wiedefeld

{ Place of Business, 90 Greenmount Address, 201 West Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 2  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 2<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adam Trenlich Sr

Sex, Male or Female, { cross out the word not required in this line. } M

Age, 59 Years, 8 Months, 24 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Grocer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number } 115 Druid Hill Av

Cause of Death { First, (Primary.) Abdominal Tumor, supposed to be abscess of the Liver. (or Cancer) Second, (Immediate,) about 1 year

Duration of last Sickness, All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Feb. 4.

Undertaker, Walter Arnold

Place of Business, 252 W. Biddle St. Address, 201 W. Biddle St

N. Winslow M. D. Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



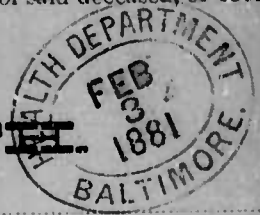
# Board of Health, City of Baltimore,

Permit No. *45866*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *Feb 2<sup>nd</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Cornelius Mc Collum*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *50* Years, Months, Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Provision Dealer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *New York*

Duration of Residence in the City of Baltimore, *50 years*

Place of Death, { Give street and number. } *City Hospital, Res 14 Barnett St*

Cause of Death, { First, (Primary.) *Interperna & Fall (accidental & suicidal)*  
Second, (Immediate.) *Fracture of base of skull* }

Duration of Last Sickness, *20 hours*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

Date of Burial, *Feb 3rd 1881* *Edm J R Walker* M.D.,  
*Medical Attendant.*

{ Undertaker, *Helwigstein & Son*  
Place of Business, *16 Light St* Address, *Corona No 8*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 27  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.~~

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 12, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Lewis

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 8 Years, 6 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number } H. Gasford St. Court (near D. Hill St.)

Cause of Death { First, (Primary,) { Second, (Immediate,) } Typhoid Malarial Fever (from S. Hill St.)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Feb 3<sup>rd</sup> 1881

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga Address, 150 N. Euterne St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 27  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Feb 2 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Dunlap

Sex, Male or Female, { cross out the word not required in this line. }

Age, 71 Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 68 Years

Place of Death, { Give street and number } 248 E. E. St.

Cause of Death { First, (Primary.) Tubercular Consumption  
Second, (Immediate,) 12 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, February 4th 1881 M. D.

Medical Attendant.

Undertaker, Wm. J. Tiekner

Place of Business, 65 S. E. St. Address, 76 S. E. St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



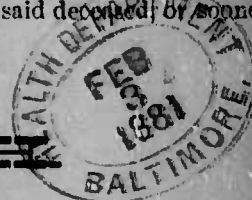
# Board of Health, City of Baltimore,

Permit No. 45869

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

Feb 2<sup>nd</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Harry Corniff

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

1 1/2

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

13 Hollins Alley

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Spasms

Duration of Last Sickness,

a few hours

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Church

Date of Burial,

Feb 3<sup>rd</sup> 1881

Undertaker,

Jas B. Cook

Place of Business,

W. Balto St

Address,

Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by John E. Deardorff

[OVER.]

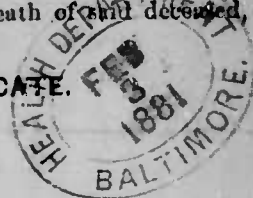
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, February 17 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob H. Jenkins  
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }  
Age, 59 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, White Sex, Male  
Married, ~~Single, Widowed, or Widower~~, { Cross out the words not required in this line. }  
Occupation, White Washer  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City  
Duration of Residence in the City of Baltimore, Since his birth  
Place of Death, { Give street and number. } 84 Chesnut Alley  
Cause of Death, { First (Primary), Second (Immediate), } Paralysis  
Duration of Last Sickness, Four weeks  
All the above information should be furnished by the Physician.  
Place of Burial, Sharp's Cemetery  
Date of Burial, Feb 2 1881  
Thomas Sappington M. D.  
Medical Attendant.  
{ Undertaker, } B. Chase Address 70 Centre St  
{ Place of Business, } 128 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4000

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

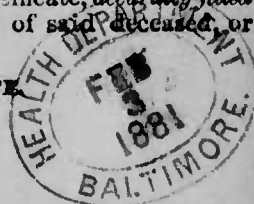
**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

**CERTIFICATE OF DEATH.**Date of Death, February 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachel Smith

Sex, Male or Female, { cross out the word not required in this line. }

Age, 80 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore, 70 years

Place of Death, { Give street and number } 93 Lee St.

Cause of Death, { First, (Primary.) } Spoplemy  
{ Second, (Immediate.) } 6 days

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Central Cemetery

Date of Burial, Feb 12 1881 R. M. Hall M. D.

Medical Attendant.

{ Undertaker, J. Howard St }

{ Place of Business, S. E. Chase Address, 262 Sharp St }

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER]



# Board of Health, City of Baltimore.

Permit No. 45872

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Jan 31<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ada. Dyrd

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 60 Years, — Months, — Days.

Color, *red*

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Accomac Co Va*

Duration of Residence in the City of Baltimore, *Seven years*

Place of Death, { Give street and number. }

*# 41 Stockton Alley*

Cause of Death, { First, (Primary.) Second, (Immediate.) }

*Erysipelas in leg*

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Land Cemetery*

Date of Burial, *Feb 3<sup>rd</sup> 1881*

{ Undertaker, *Saunder & Chase*

{ Place of Business, —

*James A. Stinson* M.D.,

Address, *Commissioner of Health*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*Samuel J. Brown* [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on page

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 2, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Gells

Sex, Male or Female, { cross out the word not required in this line. }

Age, 83 Years, — Months, — Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Annapolis

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, { Give street and number } No. 449 Lex. Street

Cause of Death { First, (Primary.) Nervous Prostration caused  
Second, (Immediate.) in old age

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem.

Date of Burial, Feb. 4, 1881

Undertaker, J. B. Cook

Place of Business, 107 N. Baltimore St.

Chas. W. Giff M. D.  
Medical Attendant.

Address, 306 N. Fayette St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

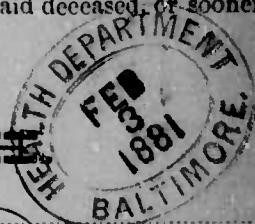
# Board of Health, City of Baltimore

Permit No. 145874

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb 2 "1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Pfister

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 1 Months, 19 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 59 Stirling Street

Cause of Death, { First, (Primary.) Second, (Immediate.) } Spasms

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 3 "1881

{ Undertaker, James P. Byrne

{ Place of Business, Front St Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. P. Smith

[OVER.]



# Board of Health, City of Baltimore

Permit No. 45875

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Feb. 2. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Eliz<sup>th</sup> Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 69 Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Widow

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Somerset Co. Md.

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, { Give street and number. }

158 Central av.

Cause of Death, { First, (Primary.) }

Pneumonia (Hypostatic)

Second, (Immediate.)

Exhaustion

Duration of Last Sickness, 5 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, February 14<sup>th</sup> 1881

Geo. A. Hartman M.D.,  
Medical Attendant.

Undertaker, D. H. Meyer, per Newman

Place of Business, 12 N. Balto St

Address, 305 N. Caroline St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45876

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *Feb 2nd 1881*

Full Name of Deceased, *Sarah A Lucas* Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Female* or Male, Cross out the word not required in this line.

Age, *57* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

Married, *Single*, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, (State or Country and how long in the United States, if of foreign birth.) *Baltimore Md*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, (Give street and number.) *242 N Bond St*

Cause of Death, First, (Primary.) *Phthisis Pulmonalis 3rd stage*  
Second, (Immediate.) *Decomposition of the blood*

Duration of Last Sickness, *Five years*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Feb 4th*

Undertaker, *George Schilling*

Place of Business, *Ashland Square*

*E Geo Waller* M.D.,  
Medical Attendant.

Address, *271 Broadway*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 45877

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb 18

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Cooney

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 38 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Stone Keeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 59 N. E. Street

Cause of Death, { First, (Primary.) Chronic nephritis  
Second, (Immediate.) Dropsy of the lungs }

Duration of Last Sickness, 13 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Feb. 20/81

{ Undertaker, George Schilling

{ Place of Business, Ashland Square

Charles O'Connor M.D.,  
Medical Attendant.

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. 45878

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb. 2<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Berthy Butler

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } 18 Church St. (new)

Cause of Death, { First, (Primary.) Capillary Bronchitis }  
{ Second, (Immediate.) }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Feb 3 1881

{ Undertaker, Pat Mullin }

{ Place of Business, — }

James Brown M.D.,  
Medical Attendant.

Address, 110 W. E. Howard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Feb 2, 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillie KellySex, ~~Male~~ or Female, { cross out the word not required in this line. }Age, \_\_\_\_\_ Years, 16 Months, \_\_\_\_\_ Days.Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 1 Brown's woods (Substance)Cause of Death { First, (Primary.) accidental Corrosive poisoning Second, (Immediate,) \_\_\_\_\_Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial,  Laurel CemeteryDate of Burial, February 3 1881{ Undertaker, William D. Inge } M. D. \_\_\_\_\_{ Place of Business, 62 East St } Address, 256 N. E. St**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45880

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 2<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas P Birdthistle

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Bar Keeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 46 Grubbs St

Cause of Death, { First, (Primary.) Corrosive Capillary Nephritis  
Second, (Immediate.) Delirium Tremens

Duration of Last Sickness, About 5 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 4<sup>th</sup> 1881

Undertaker, Jas P Byrne

Place of Business, Front St Address,

Charles O'Donnell M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45881

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 3rd 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Annie Grehal

Sex, Male or Female, Cross out the word not required in this line.

Age, Years, 3 Months, 4 Days.

Color, W

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First, (Primary.) Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Chas M. Morfit M.D.,  
Corner E & D Medical Attendant.

Address, 67 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 45882

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 3. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma E. Cook

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 8 Months, 15 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. }

89 Ridgely St  
Diphtheria

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 4. 1881 James Booley M.D.,  
Medical Attendant.

{ Undertaker, J. B. Cook

{ Place of Business, 717 W. Baltimore St Address, 319 Hollins St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 45883

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 1. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Sims

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, About 94 Years, Months, Days.

Color, Colored

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Over 20 years

Place of Death, { Give street and number. } 6 Cole St

Cause of Death, { First, (Primary.) } Old age

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Feb 4. 1881

{ Undertaker, Wm. N. Dungey

{ Place of Business, No 62 East St

James Booley M.D.,  
Medical Attendant

Address, 319 Hollins St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 45884

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 45884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, July 2, 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marie Lillie SackmSex, Male or Female, { cross out the word not required in this line. } FemaleAge, 9 Years, 9 Months,  Days.Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Birthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, Place of Death, { Give street and number } 543 Lexington StCause of Death, { First, (Primary.) Convulsions  
Second, (Immediate,) Acute Bright DiseaseDuration of last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery 543 LexingtonDate of Burial, 5<sup>th</sup> Feb. 1881 Henry M. Wilson M. D.,  
Medical Attendant.{ Undertaker, H. W. Jenkins & Son{ Place of Business, 16 High St. Address, Madison Ave.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John. Bridger. Russell

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 45 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Singles~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Nantucket, Mass

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number } No. 1344 Laurels. St

Cause of Death { First, (Primary,) Disease of the Heart  
Second, (Immediate,) Dropsy

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Nemack N. I.

Date of Burial, 4<sup>th</sup> February 1881

{ Undertaker, J. W. Jenkins & Son

{ Place of Business, 16 Light St.

Thomas Shearer M. D.  
Medical Attendant.

Address, 97 N. Charles St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DUFFY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit 2042

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 45886

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 2 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Walker Brumby

Sex, Male or Female, { cross out the word not required in this line. }

Age, 43 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, N

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 205 Hoffman

Cause of Death { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, February 3 1881

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw Address, 23 Frank

M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45887

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Feb 8 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary C. Dobe

Sex,

~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

12

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

2 West Alley

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Spasms

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial,

St. James Cemetery

Date of Burial,

Feb 4 1881

Undertaker,

Henry Hock

Place of Business,

Address,

Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. P. Smith

[OVER.]

# Board of Health, City of Baltimore,

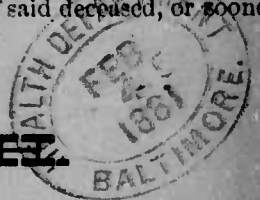
Permit No.

45888

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

July 3rd 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Richd. May Armstrong

Sex, Male

~~Female~~

Cross out the word not required in this line.

Age,

44

Years,

Months,

Days.

Color,

white

Married,

~~Single~~

~~Widow~~

~~Widower~~

Cross out the word not required in this line.

Occupation,

Merchant

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give street and number.

Madison Av. & Market St.

Cause of Death,

First, (Primary.)

Chronic Pulm. Phthisis

Second, (Immediate.)

exhaustion

Duration of Last Sickness,

Several months

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

Saturday Feb. 5th 1881

R. J. P. M.D.,  
Medical Attendant.

Undertaker,

J. Hennrich & Sons

Place of Business,

92 N. Howard St.

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No.

45889

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

Feb 2<sup>nd</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Georgiana S Craig

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

60

Years,

Months,

Days.

Color,

white

~~Married~~, Single, Widow or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Housekeeper

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

South Carolina

Duration of Residence in the City of Baltimore,

3 years

Place of Death,

{ Give street and number. }

141 Vernon Hotel

Cause of Death,

{ First, (Primary.) }

Cerebral

{ Second, (Immediate.) }

Apoplexy

Duration of Last Sickness,

on a few minutes

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt. C.

Date of Burial,

Feb 4/81

Edw. J. Walker M.D.,

Medical Attendant.

{ Undertaker,

Stewart & Mann

{ Place of Business,

35 Park St.

Address,

corner M & J

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 3/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin A. Brown

Sex, Male or Female, { cross out the word not required in this line. }

Age, 75 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Watchman C. Station

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } J. Co. Virginia

Duration of Residence in the City of Baltimore, 66 years

Place of Death, { Give street and number } 548 W. Prater

Cause of Death { First, (Primary,) Second, (Immediate,) } Paralysis of brain  
2 1/2 minutes

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Feb 5<sup>th</sup> 1881

Undertaker, Wm. Senoid & Son L. Spencer M. D. Medical Attendant

Place of Business, 782 West Baltimore Address, 387 M. Chamber

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

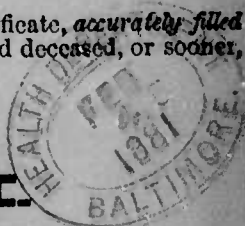
[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45891 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No-Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb. 4, 6 am, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adeline P. Morrison

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years, 12 Months, 12 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. City, during life

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and number. } 150 Montgomery St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pulmonary Tuberculosis  
asphyxia

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Feb 5 81

Undertaker, Arnold Denny

Place of Business, No 263 E. 1st

A. H. Hull M.D.,  
Medical Attendant.

Address, 84 Lee St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 45892

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

Jan 31 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Lucretia Lyons

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

Years,

4

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

No 2. Brewster Alley

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St. Cemetery

Date of Burial,

Feb 4 1881

M.D.,

Undertaker,

W. M. Dring

Place of Business,

Address,

Comm of Health  
Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by Geo E. Brown



No. 403

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 20 1881 (Beschacht)

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anton Beschacht

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 39 Years, 9 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, book binder

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Nat Maryland City, Dist (Baltimore) 10 years

Duration of Residence in the City of Baltimore, 17 E Baltimore

Place of Death, { Give street and number } E Baltimore Street

Cause of Death, { First, (Primary) Cancer of the pharynx & oesophagus  
Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 months  
All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 5 February J. E. Reinhard M. D. Medical Attendant.

Undertaker, Paul & Bartell

Place of Business, 627 W Baltimore Address, 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 45894

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 3d February 1891.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Schroeder

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 10 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, { Give street and number } S. Spring Street 136

Cause of Death, { First, (Primary.) } Convulsions  
{ Second, (Immediate,) } 4 days

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, R. St. Pauls Cemetery

Date of Burial, Febr. 5th

{ Undertaker, Julius Haaske

{ Place of Business, S. Bond St 240. Address, S. Wolferth 117

William Heusel M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 2 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edmund Leo Murray

Sex, Male or ~~Female~~, { Cross out the words not required in this line. } Male

Age, 1 Years, 1 Months, 7 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, Baltimore

Birthplace, { State or country (and how long in United States, if of foreign birth.) } all his life

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } Membranous Croup

Cause of Death, { First (Primary,) Suffocation. Second (Immediate,) 3 days. }

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cathedral

Date of Burial, Feb 4 1881

{ Undertaker, J. C. Dougherty Address, 55 N. Green St.

{ Place of Business, 319 S. Main Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Thursday, Feb 3rd, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Coggins

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 74 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Law Dealer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number } 39 Government Ave

Cause of Death { First, (Primary,) Strangulated Hernia  
Second, (Immediate,) Exhaustion & Coma

Duration of last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Int. Olivet

Date of Burial, February 5th, 1881 Wilmer Benton M. D.  
Medical Attendant.

{ Undertaker, Wm H. Hickman

{ Place of Business, 234 N. Gay St Address, 25 1/2 Government Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial; a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45897

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, February 3, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Genevieve

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, about 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the City of Baltimore, Institutions 6 days

Place of Death, { Give street and number. } St. Vincent's Infant Asylum

Cause of Death, { First, (Primary.) Marasmus  
Second, (Immediate.) asthma

Duration of Last Sickness, for advanced Marasmus when admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Mac

Date of Burial, Feb 5, 1881

Undertaker, W. Brannigan

Place of Business, 556 Division St. Address, Dr. M. C. Cullen Jr.

Marbury Brewer M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

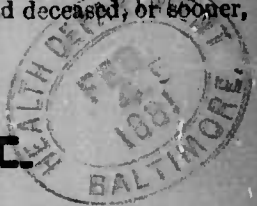
# Board of Health, City of Baltimore,

Permit No. 45898

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb. 3. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, About 1 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the City of Baltimore, House 10 days

Place of Death, { Give street and number. } St. Vincent's Infant Asylum

Cause of Death, { First, (Primary.) Congenital syphilis  
Second, (Immediate.) }

Duration of Last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, Prince Bros

Date of Burial, Feb 5. 1881

{ Undertaker, Dr. Mannigan

{ Place of Business, 156 Division St. Address, Dr. McCulloch Jr.

Marbury Brewer M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45899

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *July 3rd 1886*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Emma B. Jones*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *4* Years, *1* Months, *17* Days.

Color, *W*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *Domestic*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *257 Jefferson St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Bronchitis { Suffocated }*

Duration of Last Sickness, *abt 5 days*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Vernon Cemetery*

Date of Burial, *Jul 4*

Undertaker, *John Henry*

Place of Business, *382 Orleans St*

Address, *67 E Baltimore St*

*Chas. E. Jones* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. *45900*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *Feb. 4th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Lewis*

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, *13* Years, *11* Months,

Color, *White*

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Balti.*

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) *Phthisis & Rheumatism.* Second, (Immediate.) *Val. dis of heart. In fatal* }

Duration of Last Sickness, *2 weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Vincent Cemetery*

Date of Burial, *Feb 6<sup>th</sup> 1881*

Undertaker, *Henry W. Mead*

Place of Business, *415 N. Gay St*

*Edward P. McDevitt*

Medical Attendant

Address, *169 N. Calvert St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 270  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael M. Glenn

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Seventy Eight Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Carpenter

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Maryland (Kent Co)

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, { Give street and number } No. 300 Orleans St.

Cause of Death, { First, (Primary,) Apoplexy  
Second, (Immediate,) four days }

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Int. Canal

Date of Burial, Feb 6/81 Wm H. Claudine, M. D.

Medical Attendant.

{ Undertaker, Fry & Son

{ Place of Business, 154 N. Broadway Address, No. 102 N. Broadway

#### Extract from Regulations of the Board of Health to secure full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, February 4<sup>th</sup> 88.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Sterling

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } "

Age, 37 Years, - Months, - Days.

Color, white Sex, Female

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } "

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Scotland  
Baltimore County

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, { Give street and number. } 334 Wood Glenon St.

Cause of Death, { First (Primary,) disease of liver and kidneys  
Second (Immediate,) Dropsy

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, Feb 6<sup>th</sup> 88 Edmunds M. D.  
Medical Attendant.

{ Undertaker, Andrews & Todd Es Address Druid Hill av - Hoffman

{ Place of Business, 1116 Otter av

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48903

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, February 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cassie Mitchell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, \_\_\_\_\_ Years, 1 Months, 12 Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 142 McCulloch St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 142 McCulloch St

Cause of Death, { First, (Primary.) } Spasms  
{ Second, (Immediate.) }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 5<sup>th</sup> 1881

{ Undertaker, Wm Jas Gray

{ Place of Business, Mulberry St

Address, J. H. St. M.D.,  
Comm of Health  
& Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Beverly Duggs

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *45904*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *Feb. 2. 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sam'l. J. McPherson*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *74* Years, Months, *1* Days.

Color, *white*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Proprietor of Livery Stable*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Georgetown*

Duration of Residence in the City of Baltimore, *thirty-five yrs.*

Place of Death, { Give street and number. } *1 Cambridge St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Phtisis Pulmonalis*  
*Cerebral*  
*three months*

Duration of Last Sickness, *three months*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *February 4 - 1881*

*G. Glenville Park M.D.,*  
Medical Attendant.

{ Undertaker, *W. S. Curran*

{ Place of Business, *53 S. Broadway* Address, *Balt. & Wash.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 415905

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Feb'y 3rd 1887

Full Name of Deceased,

{ Write legible and spell correctly. If an Infant not named, give names of parents. }

Franklin B. H. H. H. H.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

2

Years,

3

Months,

9

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

174 Scott St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Scarlatina

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

St. Oliver's Cem.

Date of Burial,

Feb. 4th 1887

Dr. D. B. Blow M.D.,

Medical Attendant.

{ Undertaker,

J. B. Bluekist

{ Place of Business,

22 S. Carey St.

Address, 768 S. Pacific

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

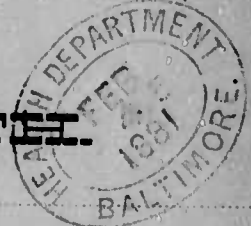
# Board of Health, City of Baltimore,

Permit No. 45906

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, February 2nd 1881  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph M. Brown  
 Sex, Male or Female, { Cross out the word not required in this line. }  
 Age, 28 Years, Months, Days.  
 Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
 Occupation, Fireman on Steaming  
 Birthplace, { State or Country and how long in the United States, if of foreign birth. } Havre de Grace Md

Duration of Residence in the City of Baltimore,  
 Place of Death, { Give street and number. } Ches Wharf Balt Md  
 Cause of Death, { First, (Primary.) } Boiler Explosion  
 { Second, (Immediate.) }

Duration of Last Sickness, Sudden Death  
 All the above information should be furnished by the Physician.

Place of Burial, Havre de Grace Md  
 Date of Burial, Feb 4th 1881  
 { Undertaker, J. H. Grochok }  
 { Place of Business, }  
 Address, 628 Balt St  
 Che M. Morrell M.D.,  
 Corner E & D  
 Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Trans 2045

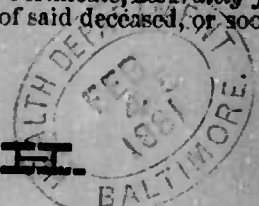
# Board of Health, City of Baltimore,

Permit No. 45907

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, July 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Poplar

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Mariner

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Mease de Grace Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Chesapeake Balto Md

Cause of Death, { First, (Primary.) 2 Boiler Explosion }  
{ Second, (Immediate.) 3 }

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Mease de Grace

Date of Burial, July 4/81

Undertaker, Mrs H. Froehlich

Place of Business, Address, 67 E. Balto St.

Chas M. Morfit M.D.,  
Coroner & Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Trans 2044



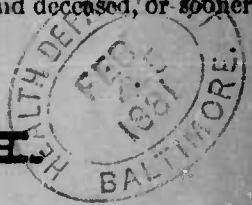
# Board of Health, City of Baltimore,

Permit No. 45908

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, February 2nd 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Poplar

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 14 Years, - Months, - Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Mariner

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Haver de Grace Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Charles Wharf Balto Md.

Cause of Death, { First, (Primary.) } Boiler Explosion  
{ Second, (Immediate.) }

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Haver de Grace

Date of Burial, Feb 4 81

{ Undertaker, Mrs H. Froehner } Chester M. Morfit M.D.,  
{ Place of Business, } Corner E & Medical Attendant.

Address, 67 S Balto St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2043

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *45909*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *February 4th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Stutch*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *5-1* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White* Sex, *Male*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } *Married*

Occupation, *Labourer*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *21 years*

Place of Death, { Give street and number. } *168 Dover St*

Cause of Death, { First (Primary,) *Phthisis Pulmonalis*  
Second (Immediate,) *Asthma*

Duration of Last Sickness, *9 months*

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's Cemetery*

Date of Burial, *Feb 6th 1881*

Under-taker, *John Macher*

Place of Business, *Poca & Camden* Address *24 Columbia Ave*

*J Edward Kirby M. D.*  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 45910

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 45910The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Feb 2, 1881.Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Ostendorf.Sex, ~~Male~~ or Female, { cross out the word not required in this line. }Age, 80 Years, 2 Months,      Days.Color, White.Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }Occupation,     Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Oldenburg.Duration of Residence in the City of Baltimore,     Place of Death, { Give street and number } 132 S. Green St.,Cause of Death { First, (Primary,) Second, (Immediate.) } Old age.  
Old age, failure of the heart;  
About 24 hours.Duration of last Sickness,     

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Chh.Date of Burial, Feb 5<sup>th</sup> 1881Undertaker, John MascherPlace of Business, Becca & Bandant Address, 173 - Saratoga St.W. P. Morgan M. D.  
Medical Attendant.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



No. 45911

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Feb 24 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis PalmerSex, ~~Male~~ Female, { cross out the word not required in this line. }Age, 32 Years,        Months,        Days.Color, WhiteMarried, ~~Single~~ Widow, { Cross out the word not required in this line. }Occupation, Stone CutterBirthplace, { State or country, (and how long in the United States, if of foreign birth. } GermanyDuration of Residence in the City of Baltimore, (2) Two yearsPlace of Death, { Give street and number } 656 W. Pratt St.Cause of Death, { First, (Primary.) Second, (Immediate.) } Tubercular Bronchitis  
do doDuration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. AlphonsusDate of Burial, Feb 24 1881Undertaker, Peter KummerPlace of Business, Mellum St.D. J. Reinhardt M. D.  
Medical Attendant.Address, 166 W. Fayette St.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 45912

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

July 1<sup>st</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Francis Smith

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

70

Years,

Months,

Days.

Color,

red

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

None

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

St. Mary's Monastery

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Old age

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

July 4<sup>th</sup> 1881

Undertaker,

Chas. F. Scribner

Place of Business,

N. E. Lane

Address,

James H. Smith M.D.,

Medical Attendant.

Commissioner of Health & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Witnessed by Geo. E. Brown [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 2d

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } May Ellen Scott

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 Years, — Months, 5 Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 26 Boyd St

Cause of Death, { First (Primary,) Second (Immediate,) } Scarlet fever

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Shunp St Cemetery

Date of Burial, Feb 2, 1891

Undertaker, William A. Dungee

Place of Business, 62 East St Address 298 W. Lombard St

H. W. Weber M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 45914

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, February 3d 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophia CarterSex, Male or Female, { cross out the word not required in this line. } FemaleAge, 75 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, ColoredMarried, Single, Widow or Widower, { Cross out the word not required in this line. } WidowOccupation, NothingBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Time around Co. St. D.Duration of Residence in the City of Baltimore, Nine yearsPlace of Death, { Give street and number } 57 Stockholm StCause of Death, { First, (Primary,) Second, (Immediate,) } Cerebral meningitis  
convulsionsDuration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St CemeteryDate of Burial, Feb 5<sup>th</sup> 1881Undertaker, Sam W. ChasePlace of Business, S. Howard St Address, 146 Hill St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[974R.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 4th day of February 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Brill

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 7 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } No 110 E Lombard St.

Cause of Death, { First (Primary,) Second (Immediate,) } Convulsions

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 6th

{ Undertaker, Mr. Hunt Address \_\_\_\_\_

{ Place of Business, 35 Bank St.

Frederick Heff M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 45-916  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45-916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes Wallis

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 10 Months,      Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,     

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore,     

Place of Death, { Give street and number } 86 N. Central Ave.

Cause of Death { First, (Primary,) Scarlatina Malign.  
Second, (Immediate,)     

Duration of last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, Feb 3 1881

Undertaker, James P. Byrne

Place of Business, No 63 N Front Address, 105 N Central Ave

Francis J. Lauer M. D.  
Medical Attendant,

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



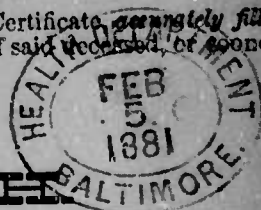
# Board of Health, City of Baltimore,

Permit No. 45917

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~completely filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ~~deceased~~, of ~~deceased~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

Feb. 3. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Estella Cornish,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

3 Months,

Days.

Color,

colored,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

146 N. E. Ave. N.

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Marasmus  
& Exhaustion  
since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lenox Cemetery

Date of Burial, Feb 5<sup>th</sup> 1880

{ Undertaker, Wm. J. Locks

{ Place of Business, 73 Jefferson St.

G. Glanville, M.D.,  
Medical Attendant.

Address, Balt. & Wash. St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

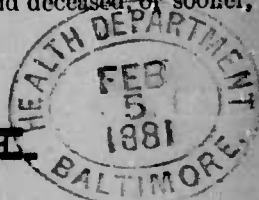
Permit No. 45918

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

Feb 5, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Hughes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Six Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

214 S

288 S, Eutanist

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Crusost Convulsions  
Aethenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Paul Cemetery

Date of Burial, Feb 5, 1881

W. S. Bond M.D.,

Medical Attendant.

{ Undertaker, J. A. Kerchner

{ Place of Business,

Address, 206 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, February 4, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Hinkel

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 9 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 400 Castle St.

Cause of Death { First, (Primary,) Adipose Tumor  
Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb 6

{ Undertaker, John Henning }  
Place of Business, 382 Orleans St. Address, 382 Orleans St.

J. McCallister M. D.  
Medical Attendant,

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,



No. 45920  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louise Wilhelmina Rustenberg

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 9 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No. 245 Gough St.

Cause of Death { First, (Primary.) Pneumonia & Coughing -  
Second, (Immediate.) No - note -

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb 6.

Undertaker, John Herwig.

Place of Business, 382 Orleans St.

Address,

235 Gough St.

A. S. Clarke M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

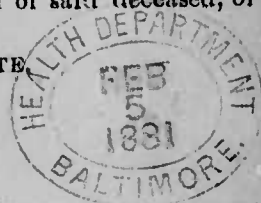
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH.



Date of Death, Feb 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Mc Choppell

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, Twenty four Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Overseer of Gang of men for B.O.R.R. at Locust Point  
Baltimore

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number }

185 Mulberry

Cause of Death { First, (Primary,) Arterio-sclerotic Rheumatism of also of Arachnoid membrane of Brain and Endocardium. Pneumonia  
Second, (Immediate,) Serous effusion on the Brain

Duration of last Sickness, Nearly five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 6th 1881

Elias C Price M. D.  
Medical Attendant.

{ Undertaker, Andrews & Hodges

{ Place of Business, No 416 Daniel Hall Address, 262 Madison Ave  
Que

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

## Board of Health, City of Baltimore,

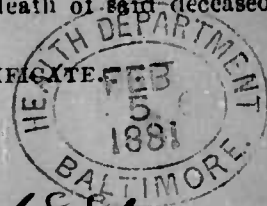
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death,

Feb 4th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth H. Camper

Sex, Male or Female,

{ Cross out the words not required in this line. }

Female

Age,

11 Years,

11 Months,

14 Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

11 mo. & 14 days

Place of Death, { Give street and number. }

48 N. Calhoun St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Pneumonia

3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

London Park Cemetery

Date of Burial,

Feb 6th 1881

{ Undertaker,

Stewart Snow

{ Place of Business,

35 Park ave

R. C. Lee M.D.

Medical Attendant.

N.W. Cor

Address, Narrow & Barr Sts

#### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 45923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 Years,

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Garden Park City

Date of Burial, Feb 5<sup>th</sup> 1881

Undertaker, John Maacher

Place of Business, 205 N Lombard

J. G. Wombolt M.D.,  
Medical Attendant.

Address, 205 N Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *45924*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *Feb 4. 81*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Maria Louisa Myrille*

Sex, *Male* or Female, { Cross out the words not required in this line. } *Female*

Age, *7* Years, *7* Months, *7* Days

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation, *Barber*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *All life*

Place of Death, { Give street and number. } *103 Little Greene St*

Cause of Death, { First (Primary,) *Diphtheria*  
Second (Immediate,) *Facial hemorrhage & Exhaustion* }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *London Park City*

Date of Burial, *Feb 5th 1881*

{ Undertaker, *John Maccher* }

{ Place of Business, *Paca & Camden* }

Address, *53 N. Greene St*

*N. A. Kemp* M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 45925

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death, 7 Feb 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas Aspin

Sex, Male or Female, { cross out the word not required in this line. }

Age, 28 Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Labourer*Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Ind*Duration of Residence in the City of Baltimore, *10 yrs*

Place of Death, { Give street and number } 225 Chestnut st.

Cause of Death, { First, (Primary) *Lesion of dorsal Vertebrae*  
Second, (Immediate) *Exhaustion from funeral dir*Duration of last Sickness, *10 mo*

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*Date of Burial, *Feb. 5 1881* H. F. Hill M. D.

Medical Attendant.

{ Undertaker, *Abraham Wymann*{ Place of Business, *13 Boatoga* Address, *381 Franklin St*

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLMAN &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 45926

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, *February 2<sup>nd</sup> 1881*Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Adeline Morrison*Sex, Male or Female, { cross out the word not required in this line. } *Female*Age, *2* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, *Caucasian*Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baltimore*Duration of Residence in the City of Baltimore, *2 years*Place of Death, { Give street and number } *24 Gaspar St. Court*Cause of Death { First, (Primary.) *Whooping Cough & Diphtheria*  
Second, (Immediate.) *Memoritis*Duration of last Sickness, *12 days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*Date of Burial, *Feb. 5<sup>th</sup> 1881*{ Undertaker, *Abraham Mayman* } *J. A. Gilliss* M. D.  
Medical Attendant.{ Place of Business, *13 Soataga St* } Address, *150 N. Euteria St.***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

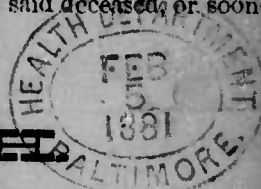
# Board of Health, City of Baltimore,

Permit No. 45927

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *Feb 4<sup>th</sup> 81*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles E. Bing*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *1* Years, *2* Months, *28* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *No 367 Hamby St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Diphtheria*

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician.

Place of Burial, *Landon Park City*

Date of Burial, *February 6 1881*

Undertaker, *Philyp J. Dill*

Place of Business, *183 Calumbeys* Address, *205 W. Lombard*

*J. J. Wambh* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45928

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

January 4, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Blanche Olivia Harfield

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 6 Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. }

No 394 E. Eager St.

Cause of Death, { First, (Primary.) }

Enteric Obstruction

{ Second, (Immediate.) }

Cerebral Spin. Mem., Simp. inf.

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 6<sup>th</sup> 1881.

{ Undertaker, M. A. Daiger }

{ Place of Business, 44 S. Broadway }

J. B. White, M.D.,  
Medical Attendant.

Address, 34 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 45929

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 4, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Fullerton Nyhi

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 58 Years, 6 Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 54 yrs 6 mos

Place of Death, { Give street and number } 198. Saratoga Street.

Cause of Death, { First, (Primary.) } Coma from Brain Disease  
{ Second, (Immediate,) } Six months

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Feb'y 7th 1881

{ Undertaker, F. Lewis Schaefer } L. J. Miles M. D.  
Medical Attendant.

{ Place of Business, 109 N. Greenmount } Address, 24 Cathedral St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 45930

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Feb 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara Nilgren

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, one Month Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Miner

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Sweden

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } #190 Raborg St.

Cause of Death, { First, (Primary.) } Apoplexy  
 { Second, (Immediate.) } one day

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 8<sup>th</sup> 1881

{ Undertaker, Wm H. Bishop & Co. }  
 { Place of Business, Druid Hill Ave }  
 { Address, }  
 { Registrar, }  
 { Medical Attendant, }  
 { Commr of Health, }  
 { Over, }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Attest by Jos. D. Fitzpatrick

# Board of Health, City of Baltimore,

Permit No. 45931

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

Feb 4

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John Aaron Ruthford Lacy Ringrose

Sex, Male or Female,

Cross out the word not required in this line.

Age,

4

Years,

Months,

20

Days.

Color,

W

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

B. City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

65 Heer Bay

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Meningitis Acute  
Convulsion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

Feb 6th 1881

Undertaker,

Armstrong & Denny

Place of Business,

263 Light St

M.D.,  
Medical Attendant.

Address,

313 Light St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 45932

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 4<sup>th</sup> July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Martha J. Armstrong

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 45 - Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number } 226 N. Calvert St.

Cause of Death, { First, (Primary.) } Pneumonia (Double)  
{ Second, (Immediate.) }

Duration of last Sickness, 7 or 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 7<sup>th</sup> July 1887L. Donaldson M. D.  
Medical Attendant.{ Undertaker, 7<sup>th</sup> July 1887 }  
{ Place of Business, 241 N. Calvert St. } Address, 108 Park Ave.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[CV4R.]

# Board of Health, City of Baltimore,

Permit No.

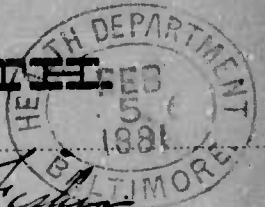
46923

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

Feb 4<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Robert Alexander Fisher

Sex, Male ~~Female~~,

{ Cross out the word not required in this line. }

Age,

49

Years,

Months,

29

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Merchant.

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

No 188 Park av. Balt.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Acute Bronchitis

Duration of Last Sickness,

Seven days.

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

6<sup>th</sup> February 1881

{ Undertaker,

H. W. Jenkins & Son

{ Place of Business,

16 Light St.

Wm. Buehler

M.D.,

Medical Attendant.

Address,

135 N. Charles St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *45934*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, *February 4th 1881*  
Full Name of Deceased, *Arthur Dietz* { Write legibly and spell correctly. If an Infant not named, give names of parents.  
Sex, Male or Female, *Male* { Cross out the word not required in this line.  
Age, *67* Years, *—* Months, *16* Days.  
Color, *Colored*

Married, Single, Widow or Widower, *Widow* { Cross out the word not required in this line.

Occupation, *Germany*

Birthplace, { State or Country and how long in the United States, if of foreign birth. *Germany*

Duration of Residence in the City of Baltimore, *40 years*

Place of Death, { Give street and number. *31 McCleary Street*

Cause of Death, { First, (Primary.) *Vesicular Eruptive*  
Second, (Immediate.) *Asphyxia*

Duration of Last Sickness, *Eight (8) years*

All the above information should be furnished by the Physician.

Place of Burial, *St. Paul's Cemetery*

Date of Burial, *Jan. 24*

Undertaker, *Mrs. C. Froehlich*

Place of Business, *244 Eastern Ave.* Address, *St. Paul's Cemetery*

*John Brown* M.D.,  
Medical Attendant.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, ...

Feb 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

No Name

Martha Brown  
Mother

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 4 hours

30 minutes

Color, ...

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore, ...

Lifetime

Place of Death, { Give street and number. }

373 Saratoga St

Cause of Death, { First (Primary) Second (Immediate) }

Six Months Miscarriage

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Western Cemetery

Date of Burial, ...

Jan. 6<sup>th</sup>

Undertaker, ...

F. T. Nemuth

Place of Business, ...

83 N. Poppleton St.

J. F. Ward M. D.  
Medical Attendant.

Address 127 St Paul St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45936

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 1. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. C. Robinson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 37. Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } Sumner Ch

Cause of Death, { First, (Primary.) } Bronchitis & Asthma  
 { Second, (Immediate.) } Dropsy

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 5

Medical Attendant, J. H. H. M.D.,

{ Undertaker, B. H. H. }  
 { Place of Business, 82 West St. } Address, 146. Hanover St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45937

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, February 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles E. Lay

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 10 Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number. } W 211 Lexington St

Cause of Death, { First, (Primary.) } Scarlatina  
{ Second, (Immediate.) } Maligna

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 6th

{ Undertaker, P. N. Poll

{ Place of Business, #131 Hanover St Address, 203 McCombs St

Emory H. W. Noble M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**



Date of Death, 2 of February 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augustus Lewis

Sex, Male or Female, { Cross out the words not required in this line. }

Age, X Years, 7 Months,  Days

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 154 Lee St

Cause of Death, { First (Primary,) Fits }  
{ Second (Immediate,) Spasms }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Feb 5

{ Undertaker, John H. Owens }

{ Place of Business, 225 S. Centre }

Address, No 36 Davis St  
Baltimore Md

Thos. M. M. M. M. D.

Medical Attendant:

**Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *145939*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

*Feb. 4th. 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Mary Jones*

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

*35*

Years,

Months,

Days.

Color,

*White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Ireland*

Duration of Residence in the City of Baltimore,

*1 year*

Place of Death,

Give street and number.

*49. Goodman Alley*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*but phthisis*

Duration of Last Sickness,

*1 year*

All the above information should be furnished by the Physician.

Place of Burial,

*St. Peter's*

Date of Burial,

*February 6th*

*Thermon Leach M.D.,*  
Medical Attendant.

Undertaker,

*Amstrong & Denny*

Place of Business,

*122 W. Light*

Address,

*146 Hancock St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 27-5-1750  
The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 459460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

Feb. 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Ellen Wye

Sex, Male or Female, { cross out the word not required in this line. }

Female

Age, 50 Years,

3

Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation,

Book

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Washington Co. Md.

Duration of Residence in the City of Baltimore,

Many years

Place of Death, { Give street and number }

1043 L. Pleasant St.

Cause of Death

{ First, (Primary,)  
Second, (Immediate,)

Heart Disease

Asthemia

Duration of last Sickness,

1 1/2 to 2 years

All the above information should be furnished by the Physician.

Place of Burial,

Sharp Cemetery

Date of Burial,

Feb 5 - 1881

Eugene F. Cordell M. D.

Medical Attendant.

Undertaker,

S. M. Chase

Place of Business,

1980 Howard St

Address, 10120 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



20  
Permit No. 45941

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Annie W. [unclear]

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — Years, — Months, 6 Days.

Color, red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Pines Cemetery

Date of Burial, Feb 5<sup>th</sup> 1881

{ Undertaker, F. A. [unclear]

{ Place of Business, 57 S. Carroll St

Medical Attendant, [unclear] M.D.,

Address, Commission of Health [unclear]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Attest by [unclear] [unclear] [unclear]

# Board of Health, City of Baltimore,

Permit No. *45942*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *Feb 3 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Anne M. Linow*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *66* Years, Months, Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Housekeeper*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany (28 yrs in Am)*

Duration of Residence in the City of Baltimore, *28 yrs*

Place of Death, { Give street and number. } *224 S. Park St*

Cause of Death, { First, (Primary.) *Cancer of Uterus* Second, (Immediate.) *Exhaustion* }

Duration of Last Sickness, *1 1/2 m*

All the above information should be furnished by the Physician.

Place of Burial, *Sw. Sect. Home*

Date of Burial, *Monday 7<sup>th</sup> February*

{ Undertaker, *Peter Kummert*

{ Place of Business, *317 Mulberry St*

*Henry C. Carter* M.D.,  
Medical Attendant.

Address, *188 1/2 Calverton*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45943

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Feb 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Miller

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 6 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 665 Penna Ave

Cause of Death, { First, (Primary.) } Dentition  
{ Second, (Immediate.) } Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Locust Park

Date of Burial, Feb. 6. 1881

{ Undertaker, Walter Ammer

{ Place of Business, 252 N. Biddle

Charles E. Sadtler M.D.,  
Medical Attendant.

Address, 649 Penna Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 45944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Feb. 4, 1888

Full Name of Deceased, Thomas Paulson

Sex, Male or Female, Male

Age, 36 Years

Color, Black

Married, Single, Widow or Widower, Single

Occupation, Laborer

Birthplace, Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, Typhoid fever

Cause of Death, First, (Primary), Typhoid fever  
Second, (Immediate), septicemia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 6

Undertaker, Hecker & Ross

Place of Business, 75 Lombard St

W. S. Booz M.D.,  
Medical Attendant.

206 Sharp St  
Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,  
Office of Registrar of Vital Statistics.

Permit No. 45945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate

CERTIFICATE OF DEATH

Date of Death, Dec. 3, 1881

Full Name of Deceased, Mary W. Fuller

Sex, Male or Female, Cross out the word not required in this line.

Age, 19 Years,

Months,

Days,

Color, Black

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Chapel Green Mt.

Date of Burial, February 6

Undertaker, Hercules Ross

Place of Business, 15 Lombard St.

Address, 206 Chapel St.

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 45946

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

*Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, 4th. February 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Davis' June

Sex, Male or Female, {cross out the word not} required in this line.

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, <sup>35</sup> Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not  
required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give street and number } S. Chapels St 23.

Cause of Death, { First, (Primary,) .....  
Second, (Immediate,) .....

*Duration of last Sickness,* 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Massachusetts

Date of Burial, April 10, 1877 6 William Parker M. D.

**Medical Attendant.**

(Undertaker, 16 Gumpel 11 11 11 11

Place of Business, 147 A. Duval Address, 2. Hayes St

*Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *45947*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *said deceased*, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, *Feb 4 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *M. Louis Willinger*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *14 mo.* Years, Months, Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *262 Chase St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Convulsions.*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. James Cemetery*

Date of Burial, *Feb 6, 1881*

{ Undertaker, *Henry Hoeck*

{ Place of Business, *309 Central Ave*

Address, *188 1/2 Calvert St.*

*Dean J. V. Hays* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45948

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

Feb. 4<sup>th</sup> 1889

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Goonan  
Female

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

28

Years,

Months,

Days.

Color,

white

Married, Single, Widowed,

~~Widowed~~

Cross out the word not required in this line.

Single

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balt -  
Life

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

620 W. Pratt

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Phthisis Pulmonalis

Duration of Last Sickness,

7 months

All the above information should be furnished by the Physician.

Place of Burial,

St Peters

Date of Burial,

Feb 6

Thomas Opie

M.D.,

Medical Attendant.

Undertaker,

J B Cook

Place of Business,

707 West Baltimore

Address,

581 Lexington

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *45949*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *February 4<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Alvin Salmon*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *2* Years, *11* Months, *11* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Teacher*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *254 West Pratt St*

Duration of Residence in the City of Baltimore, *254 W Pratt St*

Place of Death, { Give street and number. } *254 W Pratt St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cem*

Date of Burial, *Feb 7<sup>th</sup> 1881*

Undertaker, *Andrews & Hodges*

Place of Business, *104 & 6 Dand Hill*

*Wm. C. Connel* M. D.  
Medical Attendant.

Address *498 W Fayette St*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45950

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

February 4th, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Arthur Carter Ross

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Three

Years,

Four

Months,

Sixteen

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

# 144 N. Calhoun St

Cause of Death,

First, (Primary.)

Oyster

Second, (Immediate.)

Convulsion

Duration of Last Sickness,

Seventeen days

All the above information should be furnished by the Physician.

Place of Burial,

Louden Park Cemetery

Date of Burial,

February 6th 1881

Undertaker,

Wm Weaver

Place of Business,

No 202 N. Eutaw St

Address,

584 W. Fayette St

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *45957*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *Febr 5th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *David S. Courtenay*

Sex, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, *82* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *white*

Married, *Single*, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, *Retired from business*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *MD*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *203 Franklin St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Carcinoma of Liver. (Metastasis)*

Duration of Last Sickness, *One year.*

All the above information should be furnished by the Physician.

Place of Burial, *Louisa Park Cemetery*

Date of Burial, *February 8th 1881* *J. Miller* M.D.,

Medical Attendant.

{ Undertaker, *Wm Weaver*

{ Place of Business, *No 202 N. Eutaw St.* Address, *811 N. Greene St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45952

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Oct 11 1880

Full Name of Deceased, Eliza Robinson  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female  
Cross out the word not required in this line.

Age, 69 Years, 0 Months, 0 Days.

Color, Black

Married, Single, Widow or Widower, Single  
Cross out the word not required in this line.

Occupation, None

Birthplace, Virginia  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Six months

Place of Death, 169 1/2 St  
Give street and number.

Cause of Death, Phthisis  
Hemorrhage  
First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, Oct 11 1880

Undertaker, W. S. Borger

Place of Business, 206 1/2 St  
Address, 206 1/2 St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 459

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, February 4<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche PearceSex, Male or Female, { cross out the word not required in this line. }Age, 2 Years, 8 Months, Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. }Occupation, U S ABirthplace, { State or country, (and how long in the United States, if of foreign birth. } U S ADuration of Residence in the City of Baltimore, LifetimePlace of Death, { Give street and number } No 443 E. Chase StCause of Death, { First, (Primary.) Second, (Immediate,) } Malignant Scarlet Fever,Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CemeteryDate of Burial, February 7<sup>th</sup>{ Undertaker, H. G. Gable } J. Ridgway Andre M. D. Medical Attendant.{ Place of Business, No 29 S. Caroline } Address, 121 E. Balto St**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 415954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 5th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Edward Hirst

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, 12 Years, 6 Months, Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number } 39 Lemmon St.

Cause of Death { First, (Primary,) Inflammatory Rheumatism.  
Second, (Immediate,) Droopy of Heart.

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loeuden Park Cemetery

Date of Burial, Feb 7

Undertaker, J. W. Cook

Place of Business, Corner of Water & Patterson Address, 467 W. Fayette Street.

A. C. Fox M. D.  
Medical Attendant,

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 45955

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 45955

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 4 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nathan Cole

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 1 Years, 1 Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 241 Howard St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia & Acute Gastric Catarrh

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, February 7<sup>th</sup> 1881

R. M. Hall M. D.  
Medical Attendant.

{ Undertaker, Samuel W. Chase

{ Place of Business, 198 Howard St. Address, 262 S. Sharp St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

Permit No. *45956*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *Feb 5 - 1881*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Fannie Gordon*

Sex, Male or Female, Cross out the word not required in this line.

Age, *8* Years, *21* Months, *21* Days.

Color, *Black*

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. *Baltimore City Md*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, Give street and number. *#5 Ray St 1301 West Ave Cross.*

Cause of Death, First, (Primary.) *Cold.*  
Second, (Immediate.) *Canvassers*

Duration of Last Sickness, *5 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cem*

Date of Burial, *Feb 6 - 1881*

Undertaker, *Hercules Ross.*

Place of Business, *Conway St*

*James H. Starnes* M.D.,  
 Commissioner of Health  
 Address, *Via Registrar*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*At 6 Jno E. Tanning*

No. 45957

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 3

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Amir B. Bowyer

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 2 Months, 2 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

No 8 Morris Alley

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number }

No 8 Morris Alley

Cause of Death, { First, (Primary,) }

Second, (Immediate,) \_\_\_\_\_

Inanition

Duration of last Sickness, \_\_\_\_\_

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6<sup>th</sup> 1881

Undertaker, William C. Dwyer

Place of Business, No 62 East St

Address, Street & Townsend St

Dr. W. H. Warner M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore.

Permit No. *45958*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *Feb 5th 1881*

Full Name of Deceased, *Am. Soud* Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, *Male* Cross out the word not required in this line.

Age, *75* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *Black*

Married, Single, Widow or Widower, *Widower* Cross out the word not required in this line.

Occupation, *White washer*

Birthplace, *Kent Co Maryland* State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, *267 Rahorg St* Give street and number.

Cause of Death, *Diarrhea* First, (Primary.)  
*Asthenia* Second, (Immediate.)

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *Shamp. St Cemetery*

Date of Burial, *Feb 6 1881*

Undertaker, *William A. Long*

Place of Business, *62 East St*

*Am B Turner* M.D.,  
*Homoeopathic Medical Attendant.*  
*58 N Green*  
 Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *45959*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

*February 30 1881*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Berrey Barlow*

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

*47*

Years,

Months,

Days.

Color,

*(Cord)*

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

*Coachman*

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

*Virginia*

Duration of Residence in the City of Baltimore,

*About 17 years*

Place of Death,

{ Give street and number. }

*Broad St Lexington & Guilford St*

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

*Consumption of lungs -  
Heart disease*

Duration of Last Sickness,

*About one year*

All the above information should be furnished by the Physician.

Place of Burial,

*Lanel Cemetery*

Date of Burial,

*Feb 6 1881*

{ Undertaker,

*William A. Dwyer*

{ Place of Business,

*10 Station St*

Address,

*582 N. E. St*

M.D.,

Medical Attendant.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following notice, and to the fact that it is a violation of law to fail to comply with the same.

## Board of Health, City of Baltimore,

Permit No. *45960*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

*Feb. 5/81*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*John Welonski*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *26* Years,

Months,

Days.

Color, *white*

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

*Tailor*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Germany*

Duration of Residence in the City of Baltimore,

*7 yrs.*

Place of Death, { Give street and number. }

*245 S. Durham*

Cause of Death, { First, (Primary.) }

*old age*

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

*St. Alphonsus*

Date of Burial,

*Feb. 8<sup>th</sup> '81*

M.D.,

*R. W. Mansfield*

Medical Attendant.

{ Undertaker,

*M. France*

{ Place of Business,

*280 Canton Ave*

Address,

*117 S. Broadway*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 24-9-1  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 4<sup>th</sup> Friday 12 Noon

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levi Garrett

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 53 Years, 9 Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Iron Work

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Cecil Co Md

Duration of Residence in the City of Baltimore, 65 Bank St 30 years

Place of Death, { Give street and number } Entertis + Castro Entertis 65 Bank St

Cause of Death { First, (Primary.) Entertis + Castro Entertis  
Second, (Immediate,) de de Diarrhical

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb. 7<sup>th</sup> 81 J E Prichard M. D. Medical Attendant.

Undertaker, M. Fran

Place of Business, 250 Canton Ave Address, 28 O Donnell St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 45962

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Feb. 5th, 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Thomas PeacockSex, Male or Female, { cross out the word not required in this line. } MaleAge, 3 Years, 3 Months, 29 Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City, Md.Duration of Residence in the City of Baltimore, Since BirthPlace of Death, { Give street and number } 267 S. Wolf St.Cause of Death, { First, (Primary.) Second, (Immediate.) } Diphtheritic Croup accompanied by Convulsions.Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, St. AlphonsusDate of Burial, Feb. 6th 81 John H. Rehberg M. D.

Medical Attendant.

{ Undertaker, Ab. Francis{ Place of Business, 280 Can Tow Address, 213 3/4 Ave. Sunnyside**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DOLAN &amp; CO. CITY PRINTERS AND STATIONERS.

[over]

No. 45963

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Feb 4 / 81Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry S. MichineSex, Male or Female, { cross out the word not required in this line. } MaleAge, 6 Years, 6 Months, 10 Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } SingleOccupation, CityBirthplace, { State or country, (and how long in the United States, if of foreign birth. } CityDuration of Residence in the City of Baltimore, 292 S. Ann StPlace of Death, { Give street and number } Hooping CoughCause of Death, { First, (Primary) Second, (Immediate,) } Perforation of LungsDuration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Wesley CrossDate of Burial, Feb. 6<sup>th</sup> 81 A. A. Arnold M. D.

Medical Attendant.

{ Undertaker, M. Franer{ Place of Business, 280 Canton Ave Address, **Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. J. C. MURPHY, CL. CITY PHYSICIAN AND STATISTICIAN.

[OVER]

# Board of Health, City of Baltimore,

Permit No.

45964

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, February 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ernest Meyer*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Male*

Age, 5 Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Prussia*

Duration of Residence in the City of Baltimore, *4 years*

Place of Death, { Give street and number. } *437 1<sup>st</sup> Ave.*

Cause of Death, { First, (Primary.) *Heart - disease*  
Second, (Immediate.) *Indigestion*

Duration of Last Sickness, *1 week*

All the above information should be furnished by the Physician.

Place of Burial, *St. Paul's Church*

Date of Burial, *Feb 6<sup>th</sup> 1. p. m.*

{ Undertaker, *Henry Sander*

{ Place of Business, *222 Center Ave.* Address, *451<sup>st</sup> Baltimore*

*W. H. H. M.D.,*  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Francis Reilly

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 0 Years, 0 Months, 1 Day

Color, white Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 202 Malberry St

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 202 Malberry St

Cause of Death, { First (Primary,) Second (Immediate,) } Malaria

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral M. D.

Date of Burial, February 18, 1887 Medical Assistant, Secretary

{ Undertaker, Matthew Grogan Address 120 Malberry St

{ Place of Business, 227 Mulberry St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 5, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Heindel

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 15 Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) \_\_\_\_\_  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Feb 7

{ Undertaker, John Henry

{ Place of Business, 382 Orleans St

J. C. Callender M. D.  
Medical Attendant,

Address, 357 N. Broadway

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 45967  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

Permit No. 45967

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 4, 81 Infant of Charles Born

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Born

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Years, Months, 1/48 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, 1/2 hr

Place of Death, { Give street and number } 364 Saratoga

Cause of Death { First, (Primary.) Difficult Birth  
Second, (Immediate,) 1/2 hr

Duration of last Sickness, 1/2 hr

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, July 6th 1881 R M Cashman M. D.

Medical Attendant.

{ Undertaker, Lewis Schaefer

{ Place of Business, 109 N Fremont Address, 349 Ketch

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

Feb: 5th:

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Salie A. Baschman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 43 Years,

Months, 1 Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Dayton - Ohio - Baltimore, Md.

Duration of Residence in the City of Baltimore, 38 years

Place of Death, { Give street and number }

No 239 W. Fayette St

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Apoplexy  
3 or 4 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 8<sup>th</sup> Feby. 1881

Henry J. Duerksen M. D.  
Medical Attendant.

{ Undertaker, H. W. Duerksen & Son

{ Place of Business, 16 Light St

Address, No 2 Cathedral St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

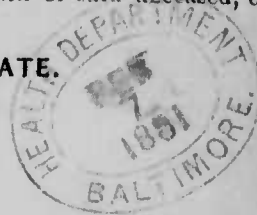
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Feb 5<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Tucker

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 60 Years, Months, Days.

Color, White Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 22, Read St

Cause of Death, { First (Primary,) Disease of Brain  
Second (Immediate,) Cerebral apoplexy

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 8<sup>th</sup> Febry, 1881

{ Undertaker, H.W. Jenkins & Son

{ Place of Business, 16 Light St

J. J. Mills M. D.

Medical Attendant.

Address 24 Cathedral St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 45970  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 8 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents.

Catherine Catocant

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 72 Years, Months, Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore, 72 yrs

Place of Death, { Give street and number }

Aged Women's Home  
Erysipelas

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 7<sup>th</sup> Febry. 1881

{ Undertaker, H. W. Jenkins & Son

{ Place of Business, 16 Light St.

Geo H. Lupton

M. D.

Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 45971

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Feb 4<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Perry Dobson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 59 Years, 6 Months, \_\_\_\_\_ Days.Color, red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, LaborerBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Talbot Co. MdDuration of Residence in the City of Baltimore, 20 yearsPlace of Death, { Give street and number } N Dallas 131Cause of Death, { First, (Primary,) Second, (Immediate,) } ApoplexyDuration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel CemeteryDate of Burial, Feb 7<sup>th</sup> 1881E. C. Baldwin M. D.  
Medical Attendant.{ Undertaker, Charles A. White{ Place of Business, 351 Granby StAddress, 124 N Eyster**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[0742.]

No. 45972  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Mason

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 2 Years, 11 Months, 25 Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 3 Gravel alley

Cause of Death { First, (Primary,) Congestion of Brain  
Second, (Immediate,) 100K

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Feb 7. 1881

Undertaker, John B. Jordan

Place of Business, 1200 N. E. St.

Address, 100 Sharp St.

M. D. Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 43973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 6, 9 AM, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarkson N. Whitaker } Son of Henderson Whitaker

Sex, Male or Female, { cross out the word not required in this line. }

Age, 8 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, School Rec

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Lancaster County Pa

Duration of Residence in the City of Baltimore, About two years

Place of Death, { Give street and number } 34 West Pratt St

Cause of Death { First, (Primary.) } Scarletina Maligna  
Second, (Immediate,) nine days

Duration of last Sickness, nine days

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, Feb 7, 1881

Undertaker, James D. Byrne

Place of Business, No 63 N Front St Address, 11 S. High St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 45974

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Laws

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 27 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Va.

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, { Give street and number. } City Hospital

Cause of Death, { First, (Primary.) Almia  
Second, (Immediate.) Shoc

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 7th 1881

{ Undertaker, Geo H. Perkins

Medical Attendant.

{ Place of Business, 130 Hamilton St Address, City Hosp.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

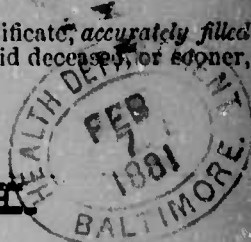
## Board of Health, City of Baltimore,

Permit No. *45975*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH

Date of Death, *Feb. 7th*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Josephine Hawkins*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, *3* Months, \_\_\_\_\_ Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } *79 Mulberry St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Bronchitis Exhaustion*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*

Date of Burial, *Feb 8th 1881* *R. B. Morrison* M.D.,

Medical Attendant.

{ Undertaker, *John L. Jordan*

{ Place of Business, *Candle Ave* Address, *Balto. Jail Dispensary*

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 45976

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 6<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry R. Long

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 1 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 471 Eastern Ave.

Cause of Death, { First, (Primary,) Second, (Immediate,) } Acute Meningitis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 7

Undertaker, Henry Borden

Place of Business, 239 Eastern Ave. Address, 94 S. Broadway.

Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OV 4R.]



The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 45977

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

Feb 6<sup>th</sup> 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Wallace B. Hardin

Sex, Male or Female,

Cross out the word not required in this line.

Age,

1 Year,

1 Months,

15 Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

138 S. Sharp St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Tubercular Meningitis

Duration of Last Sickness,

36 days.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Feb 8 at 2 o'clock

B. J. N. Falk M.D.,  
Medical Attendant.

Undertaker,

J. B. Blackinton

Place of Business,

No 22 S. Carey St.

Address,

15-2 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45978

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

February 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Virginia Baughman,

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 1 Years,

1 Months,

6 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt City

Duration of Residence in the City of Baltimore,

As above

Place of Death, { Give street and number. }

Penna Av & Boddy St.

Cause of Death, { First, (Primary.) }

Tubercular Meningitis

{ Second, (Immediate.) }

Asthenia

Duration of Last Sickness,

21 Days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

Feb 8th 1881

{ Undertaker,

J. M. Cherrish

{ Place of Business,

336 Penna Ave

Address,

520 Penna Av

J. H. Kark

M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the Regulations of the Board of Health.

## Board of Health, City of Baltimore,

Permit No.

45979

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, Feb. 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas. Lane

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 70 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~

Occupation, Painter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Hartford Conn

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number. } 22 Ohio Avenue

Cause of Death, { First, (Primary.) Old Age. Second, (Immediate.) Insanity

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb. 7 - 1881

M.D.,

{ Undertaker, Geo S Machee Commissioner of Health

{ Place of Business, Paca Ea Camm Address, & Registrar

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Examined by Geo S Machee



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Causes on back of this Certificate.

## Board of Health, City of Baltimore,

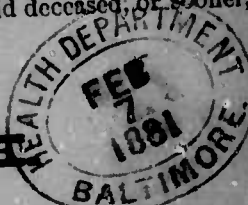
Office of Registrar of Vital Statistics.

Permit No. 45980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death,

Feb 6 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charlotte Cranch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 56 Years,

Months,

Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

192 Montgomery

Cancer of Stomach

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Duration of Last Sickness,

one year

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Feb 7th 1881

{ Undertaker, Armstrong & Denny

{ Place of Business, 263 Light St.

H. W. Wechsung M.D.,  
Medical Attendant.

Address, 57 Bunker

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

18  
The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

43981  
**Board of Health, City of Baltimore,**

Permit No. 43981

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

**CERTIFICATE OF DEATH**



Date of Death,

Feb 6 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thos. J. Pearson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

62 Years,

Months,

Days.

Color,

W

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Captain of Steamer

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Berchester Co. N.D.

Duration of Residence in the City of Baltimore,

35 yrs

Place of Death,

{ Give street and number. }

119 Montgomery

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Phthisis Pulmonalis

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

Under Hall Cemetery

Date of Burial,

Feb 7th 1881

H. W. Webster

M.D.,

Medical Attendant.

{ Undertaker,

Armstrong & Denny

{ Place of Business,

263 Light St

Address,

57 Barclay

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

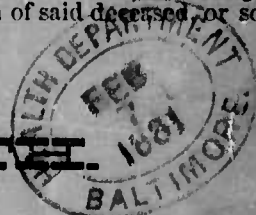
## Board of Health, City of Baltimore,

Permit No. *45982*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH.

Date of Death, *July 6th 1881*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Effie A. Glover*

Sex, *Male* or Female, Cross out the word not required in this line.

Age, *10* Years, *3* Months, *18* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. *Worcester Co. Ind.*

Duration of Residence in the City of Baltimore, *2 months*

Place of Death, Give street and number. *No 211 East*

Cause of Death, First, (Primary.) *Keiph Throat*  
Second, (Immediate.)

Duration of Last Sickness, *6 days*

All the above information should be furnished by the Physician.

Place of Burial, *Worcester Co*

Date of Burial, *Feb 8 81*

*Ambrisko M. Amble* M.D.,  
Medical Attendant.

Undertaker, *Ambling & Denny*

Place of Business, *No 263 East*

Address, *No 263 East*

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*2049 Francis*

[OVER.]



The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Death, February 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dudley A. Randall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 75 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Rhode Island

Duration of Residence in the City of Baltimore, 48 years

Place of Death, { Give street and number. } No 59 N. Calvert St

Cause of Death, { First (Primary,) General Debility  
Second (Immediate,) Acute Enteritis

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feb 8<sup>th</sup> 1881 James Asmitage M. D. Medical Attendant.

Under signer, Denny & Mitchell Address No 14 N. Paca St

Place of Business, 550 W. Fayette St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 45984

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Feb 5/81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Bailey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 8 Months, 11 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 178 Gough St.

Cause of Death, { First, (Primary.) Diphtheria  
Second, (Immediate.) }

Duration of Last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 7<sup>th</sup> 1881

{ Undertaker, M. A. Bayin

{ Place of Business, 74 S. Broadway

R. W. Mansfield M.D.,  
Medical Attendant.

Address, 117 S Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

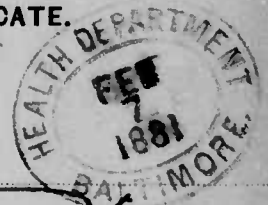
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Feb 6<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mahalia Hancock

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 69 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white Sex, \_\_\_\_\_

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, None

Birthplace, State or country (and how long in the United States, if of foreign birth.) Prince Georges Co., Md.

Duration of Residence in the City of Baltimore, 44 years

Place of Death, Give street and number. No. 484 E. Chase St.

Cause of Death, First (Primary,) Second (Immediate,) Apoplexy  
Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 8<sup>th</sup> 1881

Undertaker, W. W. Meads

Place of Business, 45 N. Gay St

Thos. H. Norris M. D.  
Medical Attendant.

Address 294 N. Calmar St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 45986

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, February 6th 1881.Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachael T. WilsonSex, Male or Female, { cross out the word not required in this line. } FemaleAge, 79 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.Duration of Residence in the City of Baltimore, LifetimePlace of Death, { Give street and number } 2 South Ann StCause of Death { First, (Primary.) Heart Disease  
Second, (Immediate,) \_\_\_\_\_Duration of last Sickness, ailing for years, sick a few hours only

• All the above information should be furnished by the Physician.

Place of Burial, Green Mt CemeteryDate of Burial, Feb 9th 1881{ Undertaker, Denny & Mitchell{ Place of Business, 65 BroadwayA. W. Cathers M. D.  
Medical Attendant.Address, 2 N Broadway**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the RECORDS DEPT., and to LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

## Board of Health, City of Baltimore,

Permit No. 45987

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death, Feb 6 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Catherine Hoff

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 46 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, wife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and number. } 43 N. Amity

Cause of Death, { First, (Primary.) Probably Valvular Disease of Heart }  
{ Second, (Immediate.) \_\_\_\_\_ }

Duration of Last Sickness, Sudden - instantaneous  
All the above information should be furnished by the Physician. Arrived after her death.

Place of Burial, Western Cemetery

Date of Burial, Feb 8 1881

{ Undertaker, J. B. Cook }  
{ Place of Business, 707 W. Baltimore St } Address, \_\_\_\_\_

Medical Attendant, Thomas Osie M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *45988*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death, *Feb 5th 81*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *John Toll*

Sex, *Male* or *Female*, Cross out the word not required in this line.

Age, *67* Years, *—* Months, *—* Days.

Color, *White*

Married, *Single*, *Widow* or *Widower*, Cross out the word not required in this line.

Occupation, *Laborer*

Birthplace, State or Country and how long in the United States, if of foreign birth. *Germany*

Duration of Residence in the City of Baltimore, *27 years*

Place of Death, Give street and number. *4 Chestnut Alley*

Cause of Death, First, (Primary.) *Cerebral Palsy*  
Second, (Immediate.) *—*

Duration of Last Sickness, *4 or 5 years*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *Feb 8th 1881*

*J. G. Keller*

M.D.,

Medical Attendant.

Undertaker, *Geo. Saffran*

Place of Business, *21 Penna Ave*

Address, *89 Penna Ave*

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *45989*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, *Febry-4<sup>th</sup> 1881*  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Louise Price*  
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }  
Age, *4* Years, *10* Months, *10* Days.

Color, *Colored*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *City*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Life*

Duration of Residence in the City of Baltimore, *83*

Place of Death, { Give street and number. } *Homeing Lane*

Cause of Death, { First, (Primary.) } *Burn*  
{ Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Cemetery*

Date of Burial, *February 8<sup>th</sup> 1881*

{ Undertaker, *Same Dr Chase*

{ Place of Business, *98 S. Howard St* Address, *Corner*

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emeline Massey

Sex, Male or Female, { cross out the word not required in this line. }

Age, Sixty one Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Cook, washer & ironer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Berchester County Md.

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, { Give street and number } 6 Leadwell St

Cause of Death { First, (Primary.) Second, (Immediate.) } Calcular lesions of Heart chronic Bronchitis & General Dropsy  
Apnea & Asthenia combined

Duration of last Sickness, about twelve months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 7<sup>th</sup>

Undertaker, Hercules Ross

Place of Business, 25 CONNELL St

Address, 77 Hill St

Miss Hall M. D.  
Medical Attendant.  
Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

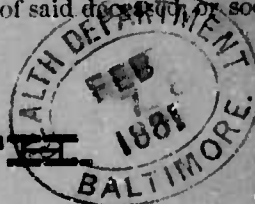
## Board of Health, City of Baltimore,

Permit No. *45991*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH

Date of Death,

*Feb. 7, 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Martha Jones*

Sex, *Male* or Female,

Cross out the word not required in this line.

Age,

*About 12* Years,

Months,

Days.

Color,

*Colored*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Wid*

Duration of Residence in the City of Baltimore,

*One year*

Place of Death,

Give street and number.

*No 39 Shuter St*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Phthisis Pulmonalis*

Duration of Last Sickness,

*Unknown*

All the above information should be furnished by the Physician.

Place of Burial,

*Long Green Bello Co*

Date of Burial,

*Feb 8 1881*

*J. B. White*

M.D.,

Medical Attendant.

Undertaker,

*Hensley & Madden*

Place of Business,

Address,

*347 N. Broadway*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully

Drawn Below, and to List of Deaths on Page 12 of this

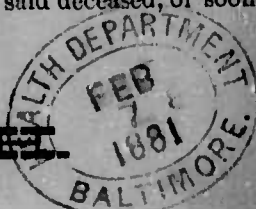
## Board of Health, City of Baltimore,

Permit No. 45992

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH

Date of Death, February 7<sup>th</sup>  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Anna Roberts  
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 216 S. Bethel St.

Cause of Death, { First, (Primary.) } Diphtheria (diphtheritic croup)  
{ Second, (Immediate.) } apnoea

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, February 8<sup>th</sup> 1881

{ Undertaker, Leonhard Purdy

{ Place of Business, S. Bond St. No. 222 Address, 17 S. Broadway

Jos. S. Smith M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 45993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 6<sup>th</sup> 1881.Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Hester B. Hartman.*

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, / Months, 12 Days.

Color, *White.*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baltimore*Duration of Residence in the City of Baltimore, *Lifetime*Place of Death, { Give street and number } *411 S. Eutan St.*Cause of Death { First, (Primary,) *Thrush*Second, (Immediate,) *Diarrhea*Duration of last Sickness, *About one month.*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*Date of Burial, *Feb 7<sup>th</sup> 1881*{ Undertaker, *Mrs. Denny*{ Place of Business, *263 Fifth*Address, *South Dispensary*J. P. White, M. D.  
Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Called to List of Diseases on Back of this Certificate.

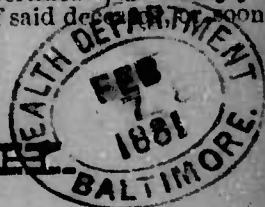
## Board of Health, City of Baltimore,

Permit No. 45994

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH

Date of Death, Feb 6<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Jonah W. Wentz

Sex, Male ~~or Female~~, Cross out the word not required in this line.

Age, 53 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~, or Widower, Cross out the word not required in this line.

Occupation, Farmer

Birthplace, (State or Country and how long in the United States, if of foreign birth.) Philadelphia Pa

Duration of Residence in the City of Baltimore, 17 years

Place of Death, (Give street and number.) St Joseph Hospital

Cause of Death, First, (Primary.) Apoplexy  
Second, (Immediate.) Coma

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, February 8<sup>th</sup> 1881 Oscar J. Leary M.D.,  
Medical Attendant.

Undertaker, Frank Kelsack

Place of Business, \_\_\_\_\_ Address, 188 W Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Trans 2050



No. 45995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 5. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nettie A. Summers.

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 4 Years, 5 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 100 Wilhelm St.

Cause of Death { First, (Primary,) Acute Disquamative Nephritis  
Second, (Immediate,) Pulmonary Oedema.

Duration of last Sickness, About 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 8 1880 J. D. Dörkfen M. D.

Medical Attendant.

Undertaker, B. Kummer

Place of Business, \_\_\_\_\_ Address, 40 S. Fulton St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb'y 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Eliza Helming

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 70 Years, 10 Months, 28 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto. City

Duration of Residence in the City of Baltimore, 70 . 10 . 28

Place of Death, { Give street and number. } 280 N. Lombard St.

Cause of Death, { First (Primary,) Old age  
Second (Immediate,) General Paralysis }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, February 9<sup>th</sup> 1881

{ Undertaker, Philipp J. Dill  
Place of Business, 183 Columbia St. }

N.W. Cor  
Address, Hawmon & Barr Sts

R. C. Lee M.D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH

Date of Death, \_\_\_\_\_

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Jno. Chas. Garrison

Sex, Male or Female, { cross out the word not required in this line. }

Age, 38 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

Colored

Married, Single, Widowed, Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Hoeller

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balto.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Life

Place of Death, { Give street and number }

25 Jordan Al.

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Alcoholism

Mania-a-potu  
10 days.

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, \_\_\_\_\_

Israel Cemetery

Date of Burial, \_\_\_\_\_

February 10, 1880

Undertaker, \_\_\_\_\_

Charles A. White

Place of Business, \_\_\_\_\_

35 Granty Street

Eldridge C. Rice M. D.  
Medical Attendant.

Address, 262 Madison Ave.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY AND STATIONERS,



# Board of Health, City of Baltimore,

Permit No. 415998

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, February 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Child of J. W. + Mary R. Wroten

Sex, Male or ~~Female~~. { Cross out the word not required in this line. } Male

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 2 hours \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 36 N. Chapel St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } premature birth.

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Int. Laurel

Date of Burial, Feb 7

Geo. S. Lynch M.D.,  
Medical Attendant.

{ Undertaker, Hy & Bro

{ Place of Business, 37 N. Broadway Address, 19 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Agent

Book of this Certificate.

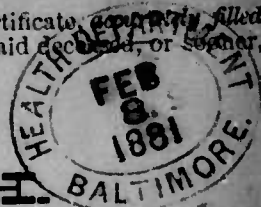
# Board of Health, City of Baltimore,

Permit No. 45999

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>properly filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

Feb. 7 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Miss B. Shaffer  
Female

Sex, Male or Female,

Cross out the word not required in this line.

Age,

5

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

216 S. Bethel St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Diphtheria - Diphtheria Comp  
Opione

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Four (4) days

Place of Burial,

Baltimore Cemetery

Date of Burial,

Feb. 9. 1881

Undertaker,

Leonhard Vurr

Place of Business,

S. Bond St. No. 277

Address,

G. L. Williams M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of

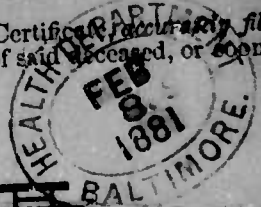
# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 46000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *Feb 5 1881*

Full Name of Deceased, *Harry Butler*  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, *Male*  
Cross out the word not required in this line.

Age, *6* Years, *6* Months, *10* Days.

Color, *Black*

Married, Single, Widow or Widower, *Single*  
Cross out the word not required in this line.

Occupation, *Black*

Birthplace, *Baltimore*  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *81 Keetenhall St*

Place of Death, *Whopping Cough*  
Give street and number.

Cause of Death, *Pneumonia*  
First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, *✓*  
All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery* *W. S. Boice* M.D.,

Date of Burial, *Feb 8th 1881* Medical Attendant.

Undertaker, *Geo H. Perkins*

Place of Business, *130 Hunnells St* Address, *206, Sharp St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on page 2.

## Board of Health, City of Baltimore,

Permit No. 46001

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said *deceased*, and *as soon as* requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death, Feb 7, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Otto Gretz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, 2 Months, 3 Days.

~~Color,~~

~~Married~~, Single, ~~Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 30 Albemarle St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlatina

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Feb. 9th

{ Undertaker, Paul & Barbell

{ Place of Business, 30 Albemarle St.

W. H. White, M.D.,  
Medical Attendant.

Address, 347 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46002

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lewis Klunk

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 49 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Bricklayer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 163 Division St

Cause of Death, { First, (Primary.) } Phthisis Pulmonalis  
{ Second, (Immediate.) } Six (6) Months

Duration of last Sickness, Six (6) Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, February 8<sup>th</sup>

Undertaker, John E. Hough

Place of Business, 319<sup>th</sup> Penn ave

Louis W. Knight M. D.  
Medical Attendant.

Address, 172 Franklin

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 46003

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb. 6/81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Martin

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 29 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Death.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Life - Maine

Duration of Residence in the City of Baltimore, 357 Calvert Road Ch.

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) } Heart Disease, Tri Ventricular { Second, (Immediate.) } 3 Days.

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Gen.

Date of Burial, Feb 9th 1881

{ Undertaker, Chas. T. Scriven

{ Place of Business, 2711 Eutaw St Address, 674 Calvert St.

Medical Attendant, Wm. D. M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46004

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb 7<sup>th</sup> 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Skenck

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 17 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number. } 14 Cornish Cornish St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Endocarditis Paralysis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 8/91

{ Undertaker, J. D. Rossing

{ Place of Business, 97 Orleans Address, 2417 N. Howard

W. H. H. M.D.  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Registrar's Office, and to the fact that the back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, February 8, 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Harrison Vangan

Sex, Male or ~~Female~~, Cross out the words not required in this line.

Age, 29 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, Caucasian

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, Harshman

Birthplace, State or country (and how long in United States, if of foreign birth.) Cambridge Massachusetts

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, Give street and number. No 71 Moore's Alley

Cause of Death, First (Primary.) Cellular Dropsy  
Second (Immediate.) Anaemia

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Cemetery

Date of Burial, Feb 8, 1881

Undertaker, W. H. Chase

Place of Business, 195 Howard St

Address, No 36 Davis St

Baltimore Md

W. H. Chase M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46006

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, February 7, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Edward

Sex, Male or Female, { Cross out the word not required in this line. }

Age, one Years, three Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 49 Myrtle Ave

Cause of Death, { First, (Primary.) } Capillary Bronchitis  
{ Second, (Immediate.) }

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Charles Cemetery

Date of Burial, Feb 8, 1881

Undertaker, S. W. Chase

Place of Business, 100 N. Howard

Louis C. Horn M.D.,  
Medical Attendant.

Address, 226 Madison

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 4600

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Feb 7<sup>th</sup> 87

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ellen Brewster

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

10

Months,

4

Days.

Color,

Colorless

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Nov

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

57 Dover St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Spasms

Duration of Last Sickness,

one day

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Feb 8<sup>th</sup> 87

Undertaker,

A Wayman

Place of Business,

James H. Stearns M.D.,  
Medical Attendant.

Commissioner of Health  
Department

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

By J. L. [Signature]

# Board of Health, City of Baltimore,

Permit No. 46008

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *February 8<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Weiss*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *50* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *Proprietor of Restaurant*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *26 years*

Place of Death, { Give street and number. } *176 Saratoga St.*

Cause of Death, { First, (Primary.) *Continued Indigestion*  
Second, (Immediate.) *Softening of Stomach*

Duration of Last Sickness, *About 3 months*

All the above information should be furnished by the Physician.

Place of Burial, *St. A. Cemetery*

Date of Burial, *Monday Feb. 10<sup>th</sup> 1881*

{ Undertaker, *Charles H. Hunsberger*

{ Place of Business, *200 N. Howard St.*

Address, *4 Cathedral St.*

*J. V. Scaup* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

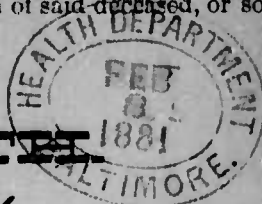
# Board of Health, City of Baltimore,

Permit No. 46009

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, February 7, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia E. Dickerson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 36 Years, 6 Months, Days.

Color, White.

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 373 E. Lombard St.

Cause of Death, { First, (Primary.) Cancer of Breast. Second, (Immediate.) }

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 9<sup>th</sup> 1881

{ Undertaker, Denny & Mitchell

{ Place of Business, 13<sup>th</sup> Broadway Address, 45 E. Balto St.

J. W. Hock M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 46910

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *and duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, February 7, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Arnold.

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 64 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Bricklayer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ann Arundel County - Md.

Duration of Residence in the City of Baltimore, about 35 years

Place of Death, { Give street and number } 15 Scott Street.

Cause of Death { First, (Primary,) Cardiac disease. Second, (Immediate,) Constriction of lungs.

Duration of last Sickness, over one year

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Feb. 9, 1881

{ Undertaker, J. B. Cook

{ Place of Business, 707 W. Balto. St. Address, 65 W. Calver St.

M. D. Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46011

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb. 7. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Asbury Kraft

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, Months, Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, merchant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } ind.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 123 Cathedral St

Cause of Death, { First, (Primary.) Phthisis. Second, (Immediate.) }

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Co.

Date of Burial, Feb. 10. 1881

Undertaker, Stewart & Menard

Place of Business, 35 Park Ave Address, 129 W. Middle St.

G. Lane Tanyhill M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46012.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~presented~~ out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Fatt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto - 37 years in U.S.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 82 Park Ave

Cause of Death, { First, (Primary.) Suicide by hanging while com-  
Second, (Immediate.) ely insane from anxiety (Geny Verdustry)

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Balto

Date of Burial, Feb 9/81

{ Undertaker, Stewart M. Munn

{ Place of Business, 35 Park Ave Address, Corner ...

Medical Attendant, E. M. D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46013.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Feb 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Stephen Smith

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, 27 Years, 7 Months, \_\_\_\_\_ Days.

Color, colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Seaboard

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } A. A. Geo. Md.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number } 41 Perry St.

Cause of Death, { First, (Primary,) Heart-Disease  
Second, (Immediate,) 4 weeks }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St. Cemetery

Date of Burial, Feb 9<sup>th</sup> 1881

A. M. Hall M. D.  
Medical Attendant.

{ Undertaker, Wm. H. Bishop & Co.

{ Place of Business, 77 Druid Hill Ave.

Address, 262 S. Sharp St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb'y 8<sup>th</sup> 1881

Full Name of Deceased, Patuick Ford { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, Ireland { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, —

Place of Death, St. Vincent's Hospital { Give street and number. }

Cause of Death, Cancer of the Face { First (Primary,) Second (Immediate,) }

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician

Place of Burial, Bonnie Brae

Date of Burial, Feb 9 1881

Under signer, Jas P. Butler { Address 144 Mulberry St, }

Place of Business, 63 N. Front

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46015*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, *Feb 7<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George Washington Kaiser*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *4* Years, *11* Months, *26* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } *20 S. Caroline Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Marasmus*

Duration of Last Sickness, *4 months*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*

Date of Burial, *Feb 9* *Charles H Thomas* M. D. Medical Attendant.

Undertaker, *C. Hallan dent Sons*

Place of Business, *22 W. Pratt St.* Address *86 E Baltimore St*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4-6016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Weber

Sex, Male or Female, { cross out the word not required in this line. }

Age, 56 Years, 7 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, { Give street and number } S.E. Cor. Calverline & Fayette Sts

Cause of Death { First, (Primary.) Second, (Immediate,) Apoplexy

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 10<sup>th</sup> 1881

Undertaker, George Schilling

Place of Business, Adelphi Square

F. R. Lamer M. D.  
Medical Attendant.

Address, 105 N. Central Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER.]

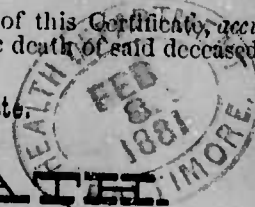
# Board of Health, City of Baltimore,

Permit No. 46017

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate



## CERTIFICATE OF DEATH.

Date of Death, February 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Teresa Bishop

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 40 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Dorchester County Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } No 7 S Belvidere St

Cause of Death, { First, (Primary.) Heart-disease  
Second, (Immediate.) Asthma }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 8<sup>th</sup> 1881 Wm. A. Russell M.D.,

{ Undertaker, Rev J. Locks

Medical Attendant.

{ Place of Business, 73 Jefferson St

Address, Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 5, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Franklin Turner

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 32 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Wilmington Delaware

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number } 144 Chestnut St

Cause of Death { First, (Primary,) Gastro Typhoid Fever  
Second, (Immediate,) 2 weeks

Duration of last Sickness, 2 weeks  
All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 8, 1887

Undertaker, John H. Licks

Place of Business, 65 S. Holl St Address, 18 Asquith

J. W. Wagon M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 46019  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 6<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Francis Holt.

Sex, Male or Female, { cross out the word not required in this line. } Male.

Age, Years, 3 Months, Days.

Color, colored.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, M. D.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2 or 3 years.

Place of Death, { Give street and number } 2 or 3 years.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Bronchial Catarrh & Pneumonia

Duration of last Sickness, { State or country, (and how long in the United States, if of foreign birth. }

Place of Burial, St. Patrick Cemetery

Date of Burial, Feb 8<sup>th</sup> 1881

Undertaker, Geo. J. Locks

Place of Business, 113 Jefferson St. Address, 33 S. Eden St.

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

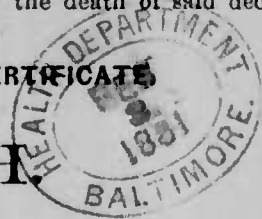
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *45020*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH



Date of Death, *Feb 7*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Gottlieb Ludwig Luthi*

Sex, Male ~~or Female~~, Cross out the word not required in this line.

Age, *3* Years, Months, Days.

Color, *White* Sex,

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Cleveland Ohio*

Duration of Residence in the City of Baltimore, *2 Years*

Place of Death, Give street and number. *Caroline 17th*

Cause of Death, First (Primary,) Second (Immediate,) *Bronchitis Catarrh and Croup.*  
*Exhaustion*

Duration of Last Sickness, *4 Days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Paul's Church*

Date of Burial, *Feb. 8<sup>th</sup> 1881*

Undertaker, *Henry Sander*

Place of Business, *252 Canton Ave.*

*John A. Schuch* M. D.  
Medical Attendant.

Address *H. E. Carr, Gough & Eden St.*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 46021

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, February 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Louisa Baussock

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Twenty seven Years, Months, 4 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 64 Stockholm St

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate.) Exhaustion

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 9<sup>th</sup> 1881

Undertaker, John Schacher

Place of Business, Pears Camden

Medical Attendant, T. P. McConnick M.D.,  
Address, 454 Mad Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46022

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 6th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stephen Johnston

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 47 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 16 yrs.

Place of Death, { Give street and number. } City Hospital

Cause of Death, { First, (Primary.) } Fracture of Spinal  
{ Second, (Immediate.) } Calcium

Duration of Last Sickness, 11

All the above information should be furnished by the Physician.

Place of Burial, Heufler & Co

Date of Burial, Feb 8 - 1881

Undertaker, A. W. W. M. W.

Place of Business, 13 S. Calver St Address, City

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *46023*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, *February 7<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William James Otter.*

Sex, Male or Female, { cross out the word not required in this line. } *Male*

Age, *4* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *Caucasian*

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *One week since birth*

Place of Death, { Give street and number } *128 Dover St.*

Cause of Death { First, (Primary.) *Diphtheria,*  
Second, (Immediate,) *Asphyxia,*

Duration of last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Marble Cemetery*

Date of Burial, *Feb 8 1881*

Undertaker, *W. H. Howard*

Place of Business, *Howard St*

*John J. Lemington,* M. D.  
Medical Attendant.

Address, *134 N. Carrollton Ave.*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 46024

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**Permit No. 46024

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Feb 11<sup>th</sup> 1889Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James C. NortonSex, Male ~~or Female~~, { cross out the word not required in this line. }Age, 32 Years, (about) Months, ' Days.Color, whiteMarried, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }Occupation, CarpenterBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland - lived in U.S. 14 yrs.Duration of Residence in the City of Baltimore, 14 yearsPlace of Death, { Give street and number } Co. Ramsey St.Cause of Death, { First, (Primary,) Second, (Immediate,) } Pulmonary Congestion and Edema asphyxiaDuration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Peter'sDate of Burial, the 1<sup>st</sup>Undertaker, B. H. H. H.Place of Business, Popo's Market Address, 338 Madison Ave.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DOLAN &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER]



# Board of Health, City of Baltimore,

Permit No. 46025

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, 7<sup>th</sup> February 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Valentine L. Dingler

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, 4 Months, 11 Days.

Color, 11

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give street and number. } 122 Huglin

Cause of Death, { First, (Primary.) Tubercular Meningitis }  
{ Second, (Immediate.) }

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 8<sup>th</sup> 1887

{ Undertaker, C. J. Krause }  
{ Place of Business, }

Medical Attendant, 1171 Webster St. M.D.,  
Address, 57 Barclay

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

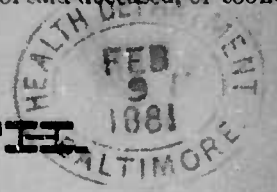
# Board of Health, City of Baltimore,

Permit No. 46026

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie { The known for 1 year residing at 9 W Lombard St. always refused to give his name }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 6 60 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Machinist

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland Unknown how long in U.S.

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number. } 9 W Lombard St

Cause of Death, { First, (Primary.) Heart disease }  
 { Second, (Immediate.) probably }

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Cemetery

Date of Burial, February 8<sup>th</sup>

{ Undertaker, Patrick Mullin }

{ Place of Business, }

Edmund R. Walton M.D.,  
 Medical Attendant.

Address, Corner N. P. St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 46027

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

Feb. 8th 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Walter Clement Opie

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

4

Years,

3

Months,

7

Days.

Color,

white

Married, Single, Widower or

~~Widower~~

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

581 Lexington St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Scarlet Fever

uraemic Convulsions.

Duration of Last Sickness,

48 hours

All the above information should be furnished by the Physician.

Place of Burial,

Loudon Park Cemetery

Date of Burial,

Feb. 9th 1881

Dr. J. S. Lanning

Thomas Opie M.D.,  
Medical Attendant.

Undertaker,

Devery & Mitchell

Place of Business,

550 N. Fayette St

Address,

581 Lexington St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single, of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Little

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 93 Years, Months, 22 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Berkeley County W. Virginia

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number } 268 W. Biddle St.

Cause of Death { First, (Primary,) Old Age  
Second, (Immediate,) Two weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Freedom

Date of Burial, Feb 10<sup>th</sup> 1881

Undertaker, New York & Co.

Place of Business, 16 Light St. Address, 165 5<sup>th</sup> Franklin St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

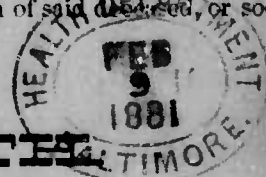
# Board of Health, City of Baltimore,

Permit No. 46029

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said *deceased*, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, February 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louise Baur

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 42 Years, 4 Months, 29 Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, housekeeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } N 192 Lexington St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Kidney-stones. (2)  
Peritonitis.

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 9<sup>th</sup> 1881

{ Undertaker, Ph. Seward

{ Place of Business, No 35 St. Lawrence St

Mary Salzer M.D.,  
Medical Attendant.

Address, 163 Lombard St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

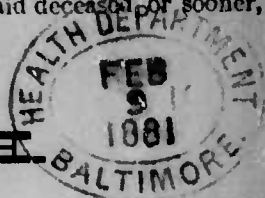
# Board of Health, City of Baltimore,

Permit No. 46030

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, 7th Feb. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Moses Wolford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ind. ✓

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and number. } near of 57 Barnes St

Cause of Death, { First, (Primary.) Phthisis }  
Second, (Immediate.)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St B Ground

Date of Burial, Feb 9. 1881

{ Undertaker, Jacob Davis }  
{ Place of Business, 100 Lee St } Address, 57 Barnes St

J. W. Webster M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



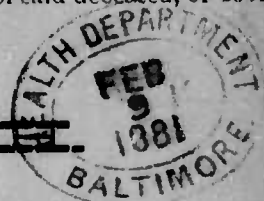
# Board of Health, City of Baltimore,

Permit No. 46031

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, February 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Unnamed female child of Caleb W. & Florence B. Thompson

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, Two Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. }

31 E. Stiles St

Cause of Death, { First, (Primary.) }

{ Second, (Immediate.) }

Premature

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 9, 1881

{ Undertaker, M. A. Daiger

{ Place of Business, 74 S. Broadway

Nicholas L. Dashiell M.D.,  
Medical Attendant.

Address, 207 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Feb 6 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Green

Sex, Male or Female, { cross out the word not required in this line. }

Age, about 60 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Irish

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, oyster dealer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number } 15 Wayne St

Cause of Death, { First, (Primary.) } Cardiac Asthma  
{ Second, (Immediate.) } unknown

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Loural Cemetery

Date of Burial, Feb 8, 1881

Undertaker, Charles A. White

Place of Business, 35 Frank St

Address, \_\_\_\_\_

D. L. H. H. H.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

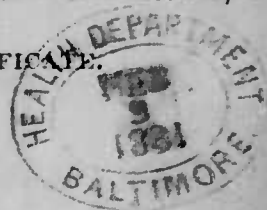
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death,

July 7

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

37

Years,

Months,

Days.

Color,

Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Housekeeper  
Carroll Co

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

12 years

Place of Death, { Give street and number. }

206 Preston St.

Cause of Death, { First (Primary.) Second (Immediate.) }

Phthisis Pulmonalis

Duration of Last Sickness,

Suffering for years with hemorrhages

All the above information should be furnished by the Physician.

Place of Burial,

Shorpe Cemetery

Date of Burial,

Feb 9 1881

J. M. Wilson

M. D.

Medical Attendant.

Undertaker,

William Abouze

Place of Business,

No 62 East Street

Address

251 Mad Ave

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46034

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Feb 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Edward Williams

Sex, Male or Female, { Cross out the word not required in this line. } (Mother)

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 1/2 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 1. Bankard's alley

Cause of Death, { First, (Primary.) Second, (Immediate.) } Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 9<sup>th</sup> 1881

{ Undertaker, Ed. Williams } { Medical Attendant, J. M. Stenn } M.D.,

{ Place of Business, Bankard's alley } { Comm of Health, Registrar }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by John E. Surdine

[OVER.]

No. 46035

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 7 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Wagner

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 23 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Cigar maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 256 East - Aren.

Cause of Death, { First, (Primary,) Consumption  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 10<sup>th</sup> 81

Undertaker, M. France

Place of Business, 280 Canton

Address, \_\_\_\_\_

A. R. Arnold M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 8<sup>th</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mr. Louis Fischer

Sex, Male, or Female, { cross out the word not required in this line. }

Male

Age, Seventy Two Years, Five Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation, Tailor

Birthplace, { State or country, (and how long in the United States. If of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, Thirty Three years

Place of Death, { Give street and number } No. 269 South Bond St.

Cause of Death, { First, (Primary.)

Second, (Immediate.)

Pneumonia

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Stephen's Church

Date of Burial, Feb. 9

Wm. H. Fleudener, M. D.  
Medical Attendant.

{ Undertaker, Wm. H. Fleudener

{ Place of Business, Bond St. Address, No. 102 N. Broadway

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DILLON & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. *H 6037*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *Feb 7th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Daniel Baker*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *21* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *Laborer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *No. 180 Luzerne St. Canton*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pyemia*

Duration of Last Sickness, *8 Days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Patrick Cem.*

Date of Burial, *February 10*

{ Undertaker, *Henry Sander* }

{ Place of Business, *253 Canton Ave.* Address, *244 Front St.* }

*W. G. Gately* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 8th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Abigail C. Smith

Sex, Male or Female, { cross out the word not required in this line. }

Age, 64 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number }

Cause of Death, { First, (Primary.)  
Second, (Immediate,) }

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cem.

Date of Burial, Feb 10th 1881

{ Undertaker, W. J. F. F. F.

{ Place of Business, \_\_\_\_\_

J. C. Bunch M. D.  
Medical Attendant.

Address, 151 N. ...

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 7th. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Holmes

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Two Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, C.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } No 162 Rabun Street

Cause of Death { First, (Primary.) Had been sick week, but  
Second, (Immediate.) died in Convulsion }

Duration of last Sickness, 10 hours duration

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 9 1887 Chas. H. Jeff M. D.

Undertaker, Wm. B. Gray Medical Attendant.

Place of Business, # 65 N. Holliday St Address, 3rd N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]





Permit No. 46041

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, 9<sup>th</sup> February 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Elizabeth Foy.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Nineteen (19) Years, Seven (7) Months, Days.

Color, White

Married, Single, ~~Married~~ ~~Widow~~, { Cross out the word not required in this line. }

Occupation, None.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 34 Park Av. Baltimore City

Cause of Death, { First, (Primary.) Pulmonary Phthisis.  
Second, (Immediate.) Consumption.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cy.

Date of Burial, Feb 11<sup>th</sup> 81

Undertaker, Stewart & Mowen

Place of Business, 35 Park Av. Address, 47 Franklin St.

W C Van Buren M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46042

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

July 9<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Geo W Swift

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

6

Months,

Days.

Color,

W

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balt Md

Duration of Residence in the City of Baltimore,

During life

Place of Death,

Give street and number.

No 317 Alice Ann Street

Cause of Death,

First, (Primary.)

Second, (Immediate.)

3 Prim chills  
3 Eclampsia

Duration of Last Sickness,

about one week

All the above information should be furnished by the Physician.

Place of Burial,

Methodist Phila. Bury

Date of Burial,

10th Feby. 1881

Undertaker,

Wm. Nicolau

Place of Business,

258 Alice Ann. str.

Chas M. Morfit M.D.,  
Corner E. D. Medical Attendant.

Address, 67 E. Balt. Street

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46043

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 8<sup>th</sup> 1889.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. D. Salisbury

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 53 Years, \_\_\_\_\_ Months, 29 Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } \_\_\_\_\_

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number } 193 N. Caroline

Cause of Death, { First, (Primary.) Second, (Immediate,) } Acute Gastritis

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 10<sup>th</sup> 1889

Undertaker, Wm. D. Brice S. F. Coysen M. D. Medical Attendant.

Place of Business, 54 N. Broadway Address, 134 N. High st

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OV 4B.]

No. 46044

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 9<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Holmes -

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 76 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 44 years

Place of Death, { Give street and number } # 171 Penna. Avenue

Cause of Death, { First, (Primary,) Senile Bronchitis  
Second, (Immediate,) Six (6) months

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, Feb 11

Undertaker, C. D. [unclear]

Place of Business, 207 [unclear]

Louis H. Knight M. D.  
Medical Attendant.

Address, 112 N. [unclear]

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths.

# Board of Health, City of Baltimore,

Permit No. 46045

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb. 9, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Baunier

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 18 Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 34 N. Central Avenue

Cause of Death, { First, (Primary.) } Dentition  
{ Second, (Immediate.) } Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Feb. 11, 1881

{ Undertaker, J. D. Rossing

{ Place of Business, 97, Overland Address, 137 Orleans St

J. J. Groves M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46046

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Feb 10<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Williams

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 10<sup>4</sup> Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

~~Married~~, Single, Widow ~~or Widower~~ { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Hartford Co Md

Duration of Residence in the City of Baltimore, 2<sup>nd</sup> years

Place of Death, { Give street and number. } 75 N. American Alley

Cause of Death, { First, (Primary.) \_\_\_\_\_  
Second, (Immediate.) Senile Decay

Duration of Last Sickness, Partially Paralyzed for about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Asbury Every Church

Date of Burial, Feb 10 1881

{ Undertaker, W. H. Dungey } { Commr of Health } { M.D., }  
{ Place of Business, East St } { Address, } { Registrar }

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Beverly D. S. S.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mahalia Casey

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

210 Hollins St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

210 Hollins St

Cause of Death { First, (Primary.)

Inanition

Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 10th 1881

J. V. Benson

M. D.

Medical Attendant.

{ Undertaker, J. B. Cook

{ Place of Business, 707 N. Baltimore St

Address, 187 Hollins St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Laura Green  
Female

Sex, Male or Female, { cross out the word not required in this line. }

Age, Twenty-two Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 330 Myrtle Ave.

Cause of Death { First, (Primary,) Accidental Burning, involving whole surface of body, & probable inhalation of flame.  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, Death in five hrs. after accident.

All the above information should be furnished by the Physician.

Place of Burial, West End Cemetery

Date of Burial, Feb 8/81

Silas Baldwin

M. D.

Medical Attendant.

{ Undertaker, P. A. Kerchner

{ Place of Business, 50 S. Carrollton Ave.

Address, 151 Townsend St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 9th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eddie Schrodt

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 3 Years, 2 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore city, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and number } 4139 S. Euter St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pseudomembranous Croup

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Airy Cemetery

Date of Burial, Febr 11th John H. Rehberger M. D. Medical Attendant.

Undertaker, Julius Haack

Place of Business, S. Bond St. 240 Address, 4273 Alameda St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46050

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, February 8th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Finney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Six years

Place of Death, { Give street and number. } 9 Home Court

Cause of Death, { First, (Primary.) Natural  
Second, (Immediate.) Intercussion of the intestines

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 15th 1881

{ Undertaker, J. Davis

{ Place of Business, 103 Lee St

J. K. Wiley M.D.,  
Medical Attendant.

Address, 168 Hammond St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 46057

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

Feb 9<sup>th</sup> 1891

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

George Gas. Sheppherd

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

6

Months,

Days.

Color,

Black

Married,

~~Single~~

~~Widow~~

~~or~~

~~Widower~~

Cross out the word not required in this line.

Occupation,

Boatman

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

152 Pierce St

Place of Death,

Give street and number.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

February 10<sup>th</sup> 1891

Undertaker,

Henry E. Harvey

Place of Business,

1116 Arch St

Address,

44 York St

M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, February 9. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Keasler's Infant son

Sex, Male or Female, { cross out the word not required in this line. } male

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 3 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 152 George Street.

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 152 George Street.

Cause of Death { First, (Primary.) Sudden, probably from spasm.  
Second, (Immediate.) Child was small, but seemed healthy.

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 10<sup>th</sup> 1881 Marbury Brewer M. D.  
Medical Attendant.

{ Undertaker, Gietrick Wiegand

{ Place of Business, 166 Druid Hill Ave Address, 68 W. Carroll St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 461153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 9<sup>th</sup> February, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Mary Fenton

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 72 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, { Give street and number } No 1 Spring Court

Cause of Death, { First, (Primary,) Valvular Disease of Heart  
Second, (Immediate,) Dropy }

Duration of last Sickness, 3 Mors & 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonne Broe

Date of Burial, Feb 11<sup>th</sup> 1881

{ Undertaker, Joseph F. Byrne } L. M. Little M. D.  
Medical Attendant.

{ Place of Business, 59<sup>n</sup> Liberty } Address, 425 W. Fayette St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Feb 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } W<sup>m</sup> A. House

Sex, Male or Female, { cross out the word not required in this line. } M.

Age, 58 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 286 E. Monument

Cause of Death { First, (Primary.) Bright's Disease  
Second, (Immediate.) Paralysis

Duration of last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 11<sup>th</sup>

Undertaker, The Hughes

Place of Business, Exeter & Balto St Address, 186 Aqueduct St.

H. J. Remond M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



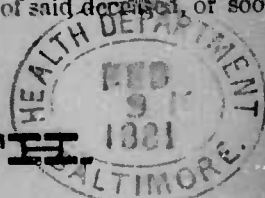
# Board of Health, City of Baltimore

Permit No. 46055

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb 8 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Wacker.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 26 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Chamber Maid

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } #57 Lefebvre St.

Cause of Death, { First, (Primary.) } Colic  
 { Second, (Immediate.) } Consumption

Duration of Last Sickness, Dec 20 80

Place of Burial, St. Peter's Cemetery

Date of Burial, Feb 10 81

{ Undertaker, Wm C Bishop } M.D.,

{ Place of Business, 94 Druid Hill Ave } Comm of Health & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

By Jas V. D. [Signature]

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Feb 9th 1881

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Irene Ellen Corkran Wilson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 22 Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number }

105 N Front St

Cause of Death { First, (Primary.)

Second, (Immediate.)

Phthisis Pulmonalis

Suppression of Urine

Duration of last Sickness, Two months

I have only attended two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 11th 1881

Undertaker, John Talce

Place of Business, 161 N Balto St

Address,

262 Madison Ave

Elias C Price M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore

Permit No. 4608

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

February 7th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Richard R. Frisby

Sex, Male

~~Female~~

{ Cross out the word not required in this line. }

Age,

28

Years,

Months,

Days.

Color,

Colored

Married, Single, Widowed or

~~Widowed~~

{ Cross out the word not required in this line. }

Occupation,

Sabrer

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Kent Co Md

Duration of Residence in the City of Baltimore,

23 years

Place of Death,

{ Give street and number. }

No 6 Mc Elderry St

Cause of Death,

{ First, (Primary.) }

Phthisis Pulmonalis

{ Second, (Immediate.) }

Asthma

Duration of Last Sickness,

8 months

All the above information should be furnished by the Physician.

Place of Burial,

Aisbery Cemetery

Date of Burial,

Feb 10 1881

{ Undertaker,

Abraham Mayman

{ Place of Business,

13 Saratoga St

Address,

29 Disgrace St

Samuel P. Powell M.D.,  
Medical Attendant:

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 46058

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 46058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Feb. 8<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robinson, JohnSex, Male or Female, { cross out the word not required in this line. } Male (Father)Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 3 Days.Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 193 Enoch St.Duration of Residence in the City of Baltimore, LifePlace of Death, { Give street and number } 193 Enoch St.Cause of Death, { First, (Primary,) Infantile enteric fever  
Second, (Immediate,) LifeDuration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Asbury CemeteryDate of Burial, Feb 10<sup>th</sup> 1881 A. E. Stein M. D.

Medical Attendant.

Undertaker, W. A. H. W. W. W. W.Place of Business, 13 Saratoga St. Address, 195 N. Enoch St.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[9740.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, February 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Schumann

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 43 Years, 5 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Agent & President of Rieder & Heintz

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany. (30 years)

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give street and number } No 185 S. Fayette st

Cause of Death, { First, (Primary.) } Apoplexy  
{ Second, (Immediate.) }

Duration of last Sickness, not at all sick.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 11 1881

L Q Mutter M. D.  
Medical Attendant.

{ Undertaker, Henry Roach

{ Place of Business, 309 Central Ave

Address, 14 S Eder st

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Tetsch

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 27 Years, 6 Months,        Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 108 Penn Ave

Cause of Death { First, (Primary.) In vascular Consumption  
Second, (Immediate.)       

Duration of last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 11<sup>th</sup> 1881

{ Undertaker, Peter Rouman

{ Place of Business, 317 Mulberry St Address,       

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANTY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 46061

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

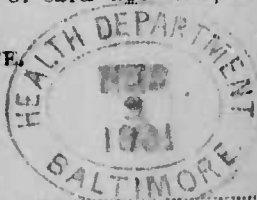
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, February 10/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Spicer

Sex, Male or Female, { cross out the word not required in this line. }

Age, 73 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married; Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Manchester England

Duration of Residence in the City of Baltimore, 54 Years

Place of Death, { Give street and number } 423. W. Lombard St.

Cause of Death { First, (Primary.) Congestion of liver & stomach  
Second, (Immediate,) Exhaustion

Duration of last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Feb. 12 1891

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St. Address, St. 7 W. Lombard St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained That whenever any person shall die in the said city of Baltimore, the Physician who attended during his last illness, or the Coroner, when the case comes before him, or any other persons superintending the burial, shall, within forty-eight hours after the death, report to the Board of Health the condition (whether natural or unnatural) and death.

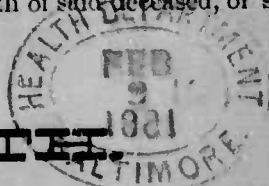
# Board of Health, City of Baltimore,

Permit No. 46062

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb. 9th. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Dehn

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, Five Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 318 Hanover St.

Cause of Death, { First, (Primary.) } Crupus Diphtheria  
 { Second, (Immediate.) } Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 11, 87

{ Undertaker, Philipp J. Dill

{ Place of Business, 183 Columbia

Address, 47 Conway St.

DeLauncy H. Barclay M.D.,  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, Feb 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josephine Stone

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 26 Years, 1 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Entire life time

Place of Death, { Give street and number } 186 S Bond St

Cause of Death { First, (Primary.) Pulmonary Tuberculosis  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 12th 1881

Undertaker, Geo Schuetters

Place of Business, 186 S Bond St

D. W. Catheel M. D.  
Medical Attendant.

Address, 2 V Broadway

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Wednesday, Feb 9th

Full Name of Deceased, May Smith  
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Female  
cross out the word not required in this line.

Age, 26 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, Married  
Cross out the word not required in this line.

Occupation, 3 Washington

Birthplace, 10 years  
State or country, (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, 253 N. Eden St.

Place of Death, Ph this  
Give street and number

Cause of Death, Exhaustion &  
First, (Primary.)  
fluid men  
Second, (Immediate.)

Duration of last Sickness, ✓  
All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Feb 11th 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. Address, 25 1/2 E. Green St.

Medical Attendant, Wilmer Drinker M. D.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46065

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

February 10/81

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Thomas C. Ringler

Sex, Male or Female,

{ cross out the word not required in this line. }

Age,

59 Years,

Months,

Days.

Color,

white

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Carpenter

Birthplace,

{ State or country, (and how long in the United States, if of foreign birth. }

Queen Ann Co., Md.

Duration of Residence in the City of Baltimore,

14 years

Place of Death,

{ Give street and number }

252 N Eden St

Cause of Death

{ First, (Primary.)

{ Second, (Immediate.)

Cerebral softening

exhaustion

Duration of last Sickness,

about 3 mos

All the above information should be furnished by the Physician.

Place of Burial,

Kent Co Md.

Date of Burial,

Feb 12th 1881

Undertaker,

Wm. H. Hickman

Place of Business,

234 N Gray St

Address,

252 N Eden St

Ed Warner

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Transit 2052

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46066

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Feb 9, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Gunther

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 Years, Months, Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 61 Park Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Feb 11, 1881

Undertaker, Chas T Scriven

Place of Business, 271 N Calaw St Address, 129 W Biddle

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Feb. 7<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Hermietta Taylor

Sex, ~~Male~~ or Female,

{ cross out the word not required in this line. }

Age,

Seventy-one Years,

Months,

Days.

Color,

Mulatta

~~Married~~, ~~Single~~, Widow or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Washing

Birthplace,

{ State or country, (and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore,

71 years

Place of Death,

{ Give street and number }

No. 111 Pearl st.

Cause of Death

{ First, (Primary.)

Second, (Immediate.)

Paralysis  
Prostration

Duration of last Sickness,

Three months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Feb 10<sup>th</sup> 1881

F. B. Gardner

M. D.

Medical Attendant.

{ Undertaker,

Thos. J. Lock

{ Place of Business,

13 Jefferson st.

Address,

120 N. Greene st.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 10 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Heinlein

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 16 Years, 4 Months, 6 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Worker in Walker factory

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } Fredrick av 116

Cause of Death, { First, (Primary.) Second, (Immediate,) } Exhaustion unknown

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, 12 Inst Wm. G. Jones M. D.

Medical Attendant.

{ Undertaker, John O. Paulus

{ Place of Business, 667 av Address, 93 Fredk. av

Baltimore Md

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46069

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]





# Board of Health, City of Baltimore,

Permit No. 46071

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gentude J. Middlekauff

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 24 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, House wife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 479 W. Pratt St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cancer of Uterus.

Duration of Last Sickness, 5 or 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 12th 1881

Undertaker, J. Chenoweth

Place of Business, 336 Pennsylvania Ave

J. M. Meller

M.D.,

Medical Attendant.

Address, 87 N. Greene St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 9<sup>th</sup> / 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lewis Roll

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Constable & member of the hook and ladder co 3

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and number. } No. 213 South Wolf st.

Cause of Death, { First (Primary,) Consumption  
Second (Immediate,) Exhaustion } ✓

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 13<sup>th</sup> 1881

Medical Attendant, E. M. Schutte M. D.

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St Address S.W. cor Wolf st and Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 10/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Brown

Sex, Male or Female, { cross out the word not required in this line. }

Age, 6 Years, 2 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 mos 20 days

Place of Death, { Give street and number } 104 Bay St

Cause of Death { First, (Primary,) Gastritis  
Second, (Immediate,) One week }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, H. Peter Cemetery

Date of Burial, Feb 11

Undertaker, Joseph B. Cook

Place of Business, No 7 West Patterson

A. L. Spicer M. D.  
Medical Attendant.

Address, 387 W. Lombard St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 46074

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, February 10<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. William F. Vogelbein

Sex, Male or Female, Cross out the word not required in this line.

Age, — Years, 10 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, —

Birthplace, State or Country and how long in the United States, if of foreign birth. Baltimore City

Duration of Residence in the City of Baltimore, Always

Place of Death, Give street and number. # 526 So. Charles St.

Cause of Death, First, (Primary.) Measles  
Second, (Immediate.) Cerebral

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Feb 13<sup>th</sup>

Undertaker, Arthur S. Davis

Place of Business, # 263 E. Pratt St.

L. A. Bell M.D.,  
Medical Attendant.

Cornier St. Dist.

Address, 161 So. Charles St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

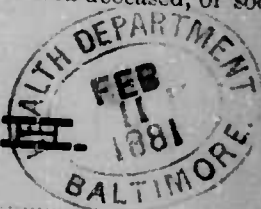
[OVER.]

Permit No. 46075

Board of Health, City of Baltimore,  
Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Feb 11 1881

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Stattie Cornish*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *6* Days.

Color, *Color-red*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *14 X Alley*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Inanition*

Duration of Last Sickness, *one day*

All the above information should be furnished by the Physician.

Place of Burial, *W. Feb Cemetery*

Date of Burial, *Feb 11 1881*

Undertaker, *H. A. Karchner*

Place of Business, *S. Carrollton or*

*James A. Stewart* M.D.,  
Comm of Health  
& Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sp by *Jos E. Patrick* [OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death, February 10<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary McGinness } Parents

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male Young }

Age, 12 hours Years Months Days.

Color, Colored Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 55 Richmond St.

Cause of Death, { First (Primary,) Premature Birth, about end of 7<sup>th</sup> month of gestation  
Second (Immediate,) Asthenia }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 11. 1881

Undertaker, Charles A White

Place of Business, 38 Gray St Address 159 Park Ave

J. E. Lindsey M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46077

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

Feb. 11. 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Adella Wingard

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

23

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Married

Occupation,

Housewife

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore Md

Duration of Residence in the City of Baltimore,

during life

Place of Death,

Give street and number.

126 Asquith St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Peritonitis (puerperal)

Exhaustion

Duration of Last Sickness,

6 or 7 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore

Date of Burial,

Feb 12

Undertaker,

G. W. Wingard

Place of Business,

126 Asquith

Geo. A. Hartman M.D.,  
Medical Attendant.

Address, 305 N. Caroline St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46 078

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Feb 10<sup>th</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Birmingham

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 13 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 168 S. Central Ave.

Cause of Death, { First, (Primary.) Cerebral Second, (Immediate.) meningitis }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Feb 11<sup>th</sup> 1881

{ Undertaker, James D. Byrne

{ Place of Business, No 63 N Front St Address, Dr. Charles A. Reed

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.— And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46079

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

9th Feb 1881  
Mrs J Hall

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 37 Years, Months, Days.

Color, W

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Driver

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

66 York St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Cardiac Dropsy

Duration of Last Sickness,

4 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feb 13th 1881

H W Webster M.D.,  
Medical Attendant.

{ Undertaker, C. F. Skane

{ Place of Business,

Address, 57 Sumner

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46080.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *February 11<sup>th</sup> 1881,*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Dora S. H. Dover*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *Twenty-four* Years, *Six* Months, *Six* Days.

Color, *White*

Married, *Single*, *Widow* or *Widower*, { Cross out the word not required in this line. }

Occupation, *House Painter*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *389 W. Lombard St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *"Diphtheria"*  
*Thrombosis*

Duration of Last Sickness, *Four days*

All the above information should be furnished by the Physician.

Place of Burial, *Linden Park Cem.*

Date of Burial, *Feb. 12<sup>th</sup> 1881*

*[Signature]* M.D.,  
Medical Attendant.

{ Undertaker, *B. Cook*

{ Place of Business, *707 W. Balto. St.* Address, *584 W. Fayette St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46081

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Feb 7<sup>th</sup> 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George Kenart

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 38 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation,

Machinist

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

17 Years

Place of Death, { Give street and number. }

Louise St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Fracture of Skull

Duration of Last Sickness,

34 Hours

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

February 11

J. E. H. M. M.D.,

Medical Attendant.

{ Undertaker,

B. H. H. H.

{ Place of Business,

82 West St.

Address,

208 W. Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augusta Mary Koenigberg

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 23 Years, 10 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 or 8 years.

Place of Death, { Give street and number } 21 E. Cor. Croft & Russell St.

Cause of Death { First, (Primary.) Retention of Placenta  
Second, (Immediate,) Respiratory Septicemia  
2 wks

Duration of last Sickness,   
All the above information should be furnished by the Physician.

Place of Burial, Greenlawn Park Home

Date of Burial, February 13<sup>th</sup> 1881

Undertaker, F. Rohr

Place of Business, 125 Cresent Street Address, 108 Sharp St.

W. Smith M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

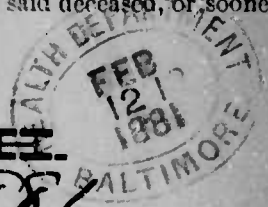
# Board of Health, City of Baltimore,

Permit No. 46083

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

February 12<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Jane Polyear

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

36

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Servant

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Pennsylvania

Duration of Residence in the City of Baltimore,

Eighteen months

Place of Death,

{ Give street and number. }

134 N. Euter St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Intussusception of Bowels  
Exhaustion

Duration of Last Sickness,

Four days

All the above information should be furnished by the Physician.

Place of Burial,

Bella Pa

Date of Burial,

Feb. 13<sup>th</sup> 1881

{ Undertaker,

Abraham Wayman

{ Place of Business,

Samuel P. Bell M.D.,  
Medical Attendant.

Address

134 N. Euter St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transe 2054

# Board of Health, City of Baltimore,

Permit No. 46084

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Feb 12 1881  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Mathews  
 Sex, Male ~~or Female~~, { Cross out the word not required in this line. }  
 Age, \_\_\_\_\_ Years, 1 Months, 5 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 1. Bayards St

Cause of Death, { First, (Primary.) } Spasms  
 { Second, (Immediate.) }

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 12 1881 J. H. Stenard M.D.,

{ Undertaker, Chas. A. White, Comm. of Health

{ Place of Business, 35 Granby St Address, & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd J. P. Smith S. Dr

[OVER]



# Board of Health, City of Baltimore,

Permit No. 46088

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, February 11, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Frances Joyce

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 24 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the City of Baltimore, Institution 10 days

Place of Death, { Give street and number. } St Vincent's Infant Asylum

Cause of Death, { First, (Primary.) Congenital Syphilis  
Second, (Immediate.) Asthenia

Duration of Last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Anne Bras

Date of Burial, Feb 12 1881

Marbury Brewer M.D.,  
Medical Attendant.

{ Undertaker, J. Brannigan

{ Place of Business, 152 Division St. Address, 58 McCulloch St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 416 086

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

February 10, 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fredrick

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

1 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the

City of Baltimore,

Approx 14 days

Place of Death,

{ Give street and number. }

St Vincent Infant Asylum

Cause of Death,

{ First, (Primary.) }

Marasmus

{ Second, (Immediate.) }

Spasm

Duration of Last Sickness,

when received

All the above information should be furnished by the Physician.

Place of Burial,

Prossie Bros

Date of Burial,

Feb 12 1881

Marbury Brewer

M.D.,

Medical Attendant.

{ Undertaker,

for Brammigan

{ Place of Business,

156 Division St-

Address,

68 McCulloch St-

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Feb 11. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Melie Munk

Sex, Male or Female, { Cross out the word not required in this line. }

M.

Age,

2 Years,

6

Months,

Days.

Color,

Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

106 Arundel Hill Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Tubercular meningitis

Duration of Last Sickness,

About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

General Mt

Date of Burial,

Feb 12 1881

J. C. Atkinson

M. D.

Medical Attendant.

{ Undertaker, Andrew & Hodges }

{ Place of Business, 476 Duval St }

Address 223 Madison Ave

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46088

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 11, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John A. Phalen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 10 Months, 25 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 12 Stockholm

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Feb 12th 1881

{ Undertaker, John S. Schaefer, } { Address, 146 Hanover St. } { Place of Business, Poca & Co. } { Medical Attendant, Theodore C. Rite M.D., }

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *February 11<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Henry J. Kuhlman*

Sex, Male or Female, { cross out the word not required in this line. } *Male*

Age, *33* Years, *✓* Months, *✓* Days.

Color, *white*

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } *Widower*

Occupation, *(No trade) worked in a paper factory*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Altenberg - Germany -*

Duration of Residence in the City of Baltimore, *36 years*

Place of Death, { Give street and number } *44 Shuter*

Cause of Death { First, (Primary.) *Phthisis pulmon. et Valvular insufficiency of Heart*  
Second, (Immediate.) *Arthemia*

Duration of last Sickness, *3 years & 4 months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *February 13<sup>th</sup> 1881*

Undertaker, *Henry Henry*

Place of Business, *309 Central Avenue* Address, *179 E. Monument*

*Irving Miller* M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 10<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Keohman

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Fifty eight Years, four Months, four Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Storekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, 41 years

Place of Death, { Give street and number } 181 Preston St

Cause of Death { First, (Primary,) Leucocythæmia  
Second, (Immediate,) Over two months }

Duration of last Sickness, Over two months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, February 13<sup>th</sup> 1881

Undertaker, Henry Heach

Place of Business, 309 Central Avenue Address, 262 Mead Ave

Elias C Price M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]



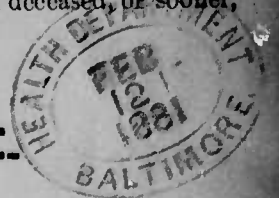
# Board of Health, City of Baltimore,

Permit No. 46091

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 11 1881

Full Name of Deceased, Grace E. L. Brown  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female  
Cross out the word not required in this line.

Age, 10 Years, 10 Months, 10 Days.

Color, Black

Married, Single, Widow or Widower, Single  
Cross out the word not required in this line.

Occupation, None

Birthplace, City of Baltimore  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, 41 Elbow Lane  
Give street and number.

Cause of Death, Pneumonia  
First, (Primary.)  
 Second, (Immediate.)

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Shelburne Cemetery

Date of Burial, Feb 13

Undertaker, Hercules Ross

Place of Business, 75 Lombard St

Mo D. Seal M.D.,  
 Medical Attendant.

Address, 110 N. E. Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 11th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } M. C. Woods

Sex, Female { cross out the word not required in this line. }

Age, 4 Years, 9 Months, 3 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } No 49 Burgundy St

Cause of Death { First, (Primary,) Retropharyngeal Abscess  
Second, (Immediate,) Asphyxia

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurie Cemetery

Date of Burial, February 13

Undertaker, Hercules Ross

Place of Business, 25 Conway St

C. S. Baddenbourn M. D.  
Medical Attendant.

Address, 166 S. Pacat.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 11<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Other,

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 9 Years, 9 Months,  Days.

Color, Col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 128 Dover St

Cause of Death { First, (Primary.) Diphtheria  
Second, (Immediate,) Asphyxia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, Feb. 14 1881

{ Undertaker, W. H. Adams

{ Place of Business, 15th and

Address, 134 Marlboro St

John P. Pennington, M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 10 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Bays

Sex, Male or Female, { cross out the word not required in this line. }

Age, 65 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Swedish

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltic.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 93 Lee St.

Cause of Death, { First, (Primary.) } Chronic Bronchitis

{ Second, (Immediate.) } Heart disease

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, Feb 14 1881

R. M. Hall M. D.  
Medical Attendant.

Undertaker, W. H. House

Place of Business, 148 Howard St.

Address, 262 Sharp St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



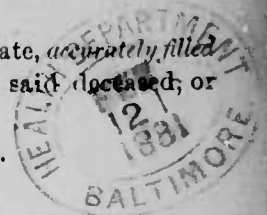
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled out,</sup> to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

Feb 11th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hannie M. Rayston

Sex, Male or Female,

{ Cross out the words not required in this line. }

Female

Age,

3 Years,

7 Months,

Days

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

None

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give street and number. }

439 W. Mount St.

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Scarlatina,

Congestion of Brain

two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt. C.

Date of Burial,

Feb 12/81

H. R. Letterhough

M. D.

Medical Attendant.

{ Undertaker,

James M. Mower

Address,

205 W. Biddle St.

{ Place of Business,

301 E. E. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]





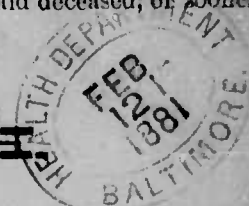
# Board of Health, City of Baltimore,

Permit No. 46098

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb 10. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary S. Beran

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 2 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 107. Welcome Alley

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 12/1881

{ Undertaker, Abraham Wayman

{ Place of Business, 13 Saratoga St

Address, 146 Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46099

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, February 10<sup>th</sup> 1881

Full Name of Deceased, Catherine Jackson  
Write legibly and speak correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female  
Cross out the word not required in this line.

Age, 52 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or Widower, widow  
Cross out the word not required in this line.

Occupation, Cook

Birthplace, Virginia  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, 9 Low St  
Give street and number.

Cause of Death, Uterine Cancer  
First, (Primary.)  
Exhaustion  
Second, (Immediate.)

Duration of Last Sickness, nine months

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, Feb 10<sup>th</sup> 1881

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

Samuel J. Peck M.D.,  
 Medical Attendant.

Address, 134 N. Euter St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 11. 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Lee Knox

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 4 Years, X Months, 11 Days

Color, white

Married, Single, Widow or Widower: { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and number. } 188 Penna Ave

Cause of Death, { First (Primary.) Scarlatina  
Second (Immediate,) Nephritis }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Febr. 13<sup>th</sup> 1881.

{ Undertaker, Adam Weidemeyer

{ Place of Business, 518 N. Baltimore St.

W. H. Krump M. D.  
Medical Attendant.

Address, 55 N. Greene St

### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Feb 12/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Gimstock

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 1 Years, 9 Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } N. W. Cor Chew & Bond

Cause of Death { First, (Primary.) Diphtheria  
Second, (Immediate.) D. Croup

Duration of last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsas Cem

Date of Burial, Feb 14 1881

Undertaker, Henry Hoch

Place of Business, 309 Central Ave Address, 256 N Enoch

M. D. Warne  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46102

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46102

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 12 1901

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agatha N. Simpson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 22 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Bk Keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, { Give street and number } 308 W. Lombard

Cause of Death, { First, (Primary,) Heart disease  
Second, (Immediate) Instant death

Duration of last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 14 1901

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Fremont Address, 308 W. Lombard

Medical Attendant, W. D.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. BULLOCK & CO. CITY PRINTERS AND STATIONERS.

[OV4B.]



Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 10 - 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Gibson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and number } 142 Vine St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Consumption of Lungs  
Tuberculosis

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Feb 12<sup>th</sup> 1881

Undertaker, Wm. N. Lunge

Place of Business, No 62 East Address, 215 N. Carrollton

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 9 o'clock A.M. Saturday Feb 12<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eleanor W. Flowers

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 38 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Forquier Co Va

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number } 163 Elliott St Canton

Cause of Death { First, (Primary,) Typhoid fever  
Second, (Immediate,) Ulceration and prostration

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Cumberland Md

Date of Burial, Feb 14<sup>th</sup> 1887

Undertaker, Thos. D. Wagner

Place of Business, No. 210 E. Baltimore St Address, 28 O'Donnell St

J. E. Prichard M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

2056

No. 46105

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Feb 12<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel J R TriggSex, Male { cross out the word not required in this line. }Age, 35 Years, 2 Months, 2 Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } SingleOccupation, ClerkBirthplace, { State or country, (and how long in the United States, if of foreign birth. } MarylandDuration of Residence in the City of Baltimore, 20 yearsPlace of Death, { Give street and number } Keollin St 36-5Cause of Death, { First, (Primary.) Second, (Immediate.) } Pulmonary ConsumptionDuration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Green Lake Cemetery of R R MooreDate of Burial, Feb 14 R R Moore M. D.

Medical Attendant.

{ Undertaker, J J Cook{ Place of Business, 707 W 4<sup>th</sup> St Address, 28 South Baltimore St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

Permit No.

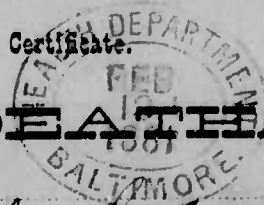
46106

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Feb. 12. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ferdinand Schmidt.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 39. Years, 8. Months, 24 Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Coach Painter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 22 S. Schroder

Cause of Death, { First, (Primary.) Rheumatism  
Second, (Immediate.) }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, Feb. 13. 1881

{ Undertaker, J. Brook

{ Place of Business, 707 N. Baltimore St Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 46107

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB 13 1881

## CERTIFICATE OF DEATH

Date of Death, July 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Chas. Meyzel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years, — Months, — Days.

Color, W

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, U.S.M.C. U.S.S. Saratoga

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 46 Hampstead St.

Cause of Death, { First, (Primary.) } Suicide, Laudanum poisoning  
 { Second, (Immediate.) }

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Feb 13<sup>th</sup> 1881

{ Undertaker, John C. Schuch }

{ Place of Business, 265 N. E. St. Address, 67 W. Balto M }

Chas M. Morfit M.D.,  
 Coroner E. C. Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. **46108** **Office of Registrar of Vital Statistics.**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *February 13* **FEB 13 1881**  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Charles E. Boyer*  
Sex, Male or Female, { Cross out the word not required in this line. } *Male*  
Age, \_\_\_\_\_ Years, *11* Months, *12* Days.  
Color, *White*  
Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
Occupation, \_\_\_\_\_  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Philadelphia Penn*  
Duration of Residence in the City of Baltimore, *7 years*  
Place of Death, { Give street and number. } *2057 Park St*  
Cause of Death, { First, (Primary.) *Apoplexy*  
Second, (Immediate.) *Cerebral Congestion* }  
Duration of Last Sickness, *7 weeks*  
All the above information should be furnished by the Physician.  
Place of Burial, *Sykesville*  
Date of Burial, *Feb 17<sup>th</sup> 1881*  
{ Undertaker, *V. M. Leonard & son*  
Place of Business, *782 W. Baltimore* Address, \_\_\_\_\_ }  
Medical Attendant, *John M. Leonard* M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*Tranen 2057*



# Board of Health, City of Baltimore,

Permit No.

46109

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

FEB  
13  
1881

## CERTIFICATE OF DEATH.

Date of Death, February 11 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura Birch

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt Annapolis Md.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and number. } 294 E. Madison St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Eclampsia

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Feb. 14<sup>th</sup> 1881

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay St Address, 222 N. Broadway

Geo G. Taylor M.D.,  
Medical Attendant.

from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Truman 2058

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death, February 12th 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Dietrich  
Sex, Male or Female, { Cross out the word not required in this line. } Female  
Age, 23 Years, 3 Months, — Days.  
Color, White Sex, Female  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married  
Occupation, Prussia  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Prussia  
Duration of Residence in the City of Baltimore, 50 Years  
Place of Death, { Give street and number. } 213 Eastern Ave,  
Cause of Death, { First (Primary,) Pneumonia,  
Second (Immediate,) Exhaustion,  
Duration of Last Sickness, 10 Days.  
All the above information should be furnished by the Physician.  
Place of Burial, Trinity Church Car J. J. Sullivan M. D.  
Date of Burial, February 14th Medical Attendant.  
{ Undertaker, Peter Grey Address 116 Thames St  
{ Place of Business, 91 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Feb 11

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robanna Dinsmore

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 85 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

215 Republican ✓

Cause of Death, { First (Primary,) \_\_\_\_\_  
Second (Immediate,) \_\_\_\_\_ }

Old age  
one month

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C

Date of Burial, Feb 14 - 1881

J. M. Wilson

M. D.

Medical Attendant.

{ Undertaker, J. B. Blackiston

{ Place of Business, 22 S. Cary St

Address 251 Mad. Ave

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46112*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *Feb 12 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thomas Martin*

Sex, *Male* or *Female*, { cross out the word not required in this line. }

Age, *1* Years, *3* Months, *3* Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Balto m*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Whole life*

Duration of Residence in the City of Baltimore, *210 Forest St*

Place of Death, { Give street and number } *210 Forest St*

Cause of Death { First, (Primary,) *Pneumonia*  
Second, (Immediate,) *7 days*

Duration of last Sickness, *7 days*

All the above information should be furnished by the Physician.

Place of Burial, *St Marys German Church*

Date of Burial, *Feb 13 1881* *Silas W. Hunter M. D.*  
Medical Attendant.

{ Undertaker, *H. E. Wiedefeld*

{ Place of Business, *90 Green Mt Ave* Address, *36 Green Mt Ave*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 46113

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Thursday Feb. 10 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Colwald

Sex, Male or Female, { cross out the word not required in this line. }

Age, 69 years Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Cambridge, Maryland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and number } 123 South Spring St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Tuberculosis

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13<sup>th</sup> 1881

Undertaker, Thos J. Locks

Place of Business, 13 Jefferson St Address, 352 N. Spring St

M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OV4E.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, Feb. 10th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } G. H. Fennell

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 3 Years, 9 Months, 24 Days

Color, Black.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 1 Prager St.

Cause of Death, { First (Primary,) Diphtheria from  
Second (Immediate,) \_\_\_\_\_

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Lamar Cemetery

Date of Burial, Feb 13

{ Undertaker, A. J. Jones Address, 406 Cross St.  
Place of Business, 15 Lombard St.

L. H. Ball M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



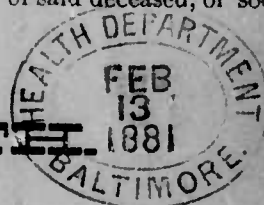
# Board of Health, City of Baltimore,

Permit No. 46115

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb 12

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Jessie Bonner

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 78 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W

Married, ~~Single~~, Widow or ~~Widower~~, Cross out the word not required in this line. Wid

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. \_\_\_\_\_

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, Give street and number. 130 S. Howard St

Cause of Death, First, (Primary.) Pulmonary Consumption  
Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 4 1881

Undertaker, Amos Thompson

Place of Business, 202 Light St

Wm. D. Ellis M.D.,  
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 44116

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Feb 10 1881

Full Name of Deceased, Wm Dutton

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or ~~Female~~

Cross out the word not required in this line.

Age, 61

Years,

Months,

Days.

Color, Col

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~

Cross out the word not required in this line.

Occupation, Porter

Birthplace, Springfield Carroll co md

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, No 187 Vine str

Give street and number.

Cause of Death, Organic disease of heart

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13, 1881

Undertaker, J. B. Fisher

Place of Business, No 187 Vine str

Address, 616 W Balt Street

J. B. Fisher M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46117

Office of Registrar of Vital Statistics.

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No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Feb. 11, 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } German A. Partridge

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, 7 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } B. City since Birth

Duration of Residence in the City of Baltimore, 9

Place of Death, { Give street and number. } Essex St

Cause of Death, { First, (Primary.) Acute Meningitis Second, (Immediate.) Asthenia }

Duration of Last Sickness, Seven (7) days

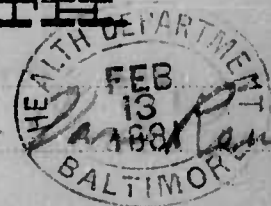
All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 13, 1888 M.D.,

{ Undertaker, Mr. France Medical Attendant. }

{ Place of Business, 280 Canton Ave Address, }



Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 11 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Nelson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 20 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 292 S. Ann St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Consumption  
(After Lung)

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Feb. 15<sup>th</sup> 81 A. B. Spauld M. D.  
Medical Attendant.

{ Undertaker, M. Thomas

{ Place of Business, 280 Center Address, —

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No.

46119

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death,

February 12<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

John Cepher

Sex, Male or Female,

{ Cross out the word not required in this line.

Male

Age,

X

Years,

11

Months,

20

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line.

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth.

Baltimore Md.

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number.

216 S. Bethel St.

Cause of Death,

{ First, (Primary.)

Septicemia

{ Second, (Immediate.)

Blood poison

Duration of Last Sickness,

3 days.

All the above information should be furnished by the Physician.

Place of Burial,

St. Pauls Cem.

Date of Burial,

Feb 14<sup>th</sup> 81

Jos. S. Lynch M.D.,

Medical Attendant.

{ Undertaker,

M. Frame

{ Place of Business,

220 Canton

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No.

46120

## Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Feb 13<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Gertie Boardley

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

Years,

14 Months,

10 Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

4<sup>th</sup>

Place of Death,

Give street and number.

7 Patterson Lane

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia

Duration of Last Sickness,

2 Months.

All the above information should be furnished by the Physician.

Place of Burial,

Shamp &amp; Cemetery

Date of Burial,

Feb 13<sup>th</sup> 1881

Undertaker,

A. B. Henderson

Place of Business,

Balt. L.

Address,

G. W. Harris

M.D.,

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

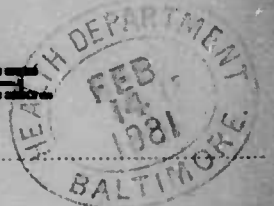
Permit No. 46121

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 11, 1881,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Sprague

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 2 Years, 3 Months,  Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 160 N. Eutan St.

Cause of Death, { First, (Primary.) } Whooping Cough, Enteritis

{ Second, (Immediate.) } Spasms

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 14<sup>th</sup> 1881

Undertaker, Joseph F. Byrnie

Place of Business, 59 N. Liberty St. Address,

Richard LaSherry  
M.D.  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46122*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *Feb 12<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Florence, Elizabeth Dolmon*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *3* Years, *21* Months,  Days.

Color, *Mulatto* Sex, *Female*

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *From Birth*

Place of Death, { Give street and number. } *21 Tyson Ln*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *February 14<sup>th</sup> 1881*

{ Undertaker, *Wm A Gray*

{ Place of Business, *65 Mulberry Street*

*T. Morris Munay* M. D.  
Medical Attendant.

Address *108 Cathedral St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

# Board of Health, City of Baltimore,

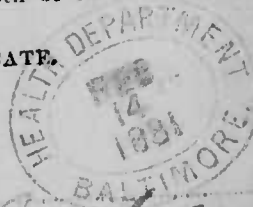
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Feb. 12<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth J. McMillon.

Sex, Male or Female, { cross out the word not required in this line. }

Age, 54 Years, Months, 19 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, City Missionary.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 36 Henrietta St. Pneumonia.

Cause of Death { First, (Primary,) Second, (Immediate,)

Duration of last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Fairmount Cemetery

Date of Burial, Feb 14<sup>th</sup> 1881. J. Patton White M. D. Medical Attendant.

Undertaker, Armstrong & Deming

Place of Business, 263 Sigbee St. Address, 79 N. Gilman St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

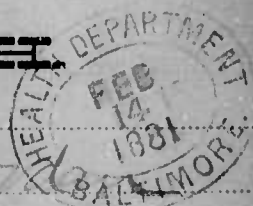
Permit No. 46124

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 14

Full Name of Deceased, Mary A. Jones { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female or Male, { Cross out the word not required in this line. }

Age, 80 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Intestinal Obstruction from Embolism }  
 { Second, (Immediate.) \_\_\_\_\_ }

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Country

Date of Burial, Baltimore

Undertaker, B. Harle

Place of Business, 82 West St

Address, 315 E. 1st St

Wm. D. Egan M.D.,  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 13th 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Susan Evans

Sex, ~~Male~~ or Female, cross out the word not required in this line.

Age, 16 Years, 6 Months, — Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, —

Birthplace, State or country, (and how long in the United States, if of foreign birth.) Maryland

Duration of Residence in the City of Baltimore, Eight years

Place of Death, Give street and number 174 South Broadway

Cause of Death, First, (Primary.) Tuberculosis Pulmonum  
Second, (Immediate.) —

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, February 14th 1881 J. B. Billott M. D.  
Medical Attendant.

Undertaker, Denny N. Mitchell

Place of Business, 638 Broadway Address, 51 Broadway

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OV 41.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 476126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 12 /81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Allen

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 31 Years, Months, Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } don't know

Occupation, Convict

Birthplace, { State or country (and how long in United States, if of foreign birth.) } don't know

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } Maryland Penitentiary

Cause of Death, { First (Primary,) Cerebral Meningitis }  
{ Second (Immediate,) }

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, P. Cemetery

Date of Burial, February 13

{ Undertaker, Patrick Mullin } Address, 152 Townsend St.

{ Place of Business, }

Silas Baldwin M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 4612

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 11 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Ann Davidson

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 81 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Norfolk Co. Va.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

During her life

Place of Death, { Give street and number. }

231 E. Baltimore St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Relaxation of Physical Powers

Duration of Last Sickness, \_\_\_\_\_

Several Months

All the above information should be furnished by the Physician.

Place of Burial, S. Patrick's Church

Date of Burial, February 14 1881

John S. Hammond M.D.,  
Medical Attendant.

{ Undertaker, W. A. Daigle

{ Place of Business, 44 W. Broadway

Address, S. W. Chest & Rail St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46128

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, February 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Eldridge

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 273 North Broadway

Cause of Death, { First, (Primary.) Catarrh of Throat  
Second, (Immediate.) Croup pseudomembranous

Duration of Last Sickness, About three days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Tuesday February 15<sup>th</sup> 1881

Milton N. Taylor M.D.,  
Medical Attendant

{ Undertaker, Henry Heock

{ Place of Business, N. Boyd Street above Gay Street Address, Broadway & McElderry

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 13th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. H. Lightbourn

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 Years, 6 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } \_\_\_\_\_

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } No 353 Hamburg St

Cause of Death, { First, (Primary,) Membranous Croup  
Second, (Immediate,) 2 weeks

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 15th

Underwriter, Julius Koshler

Place of Business, Sharp & Co. Druggists

Address, 151 Hamburg St

J. C. Burch M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. J. C. BURNETT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Jackson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 54 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Stone mason

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 166 York St.

Cause of Death, { First, (Primary,) Softening of the Brain  
Second, (Immediate,) 3 years

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 16 1881

Undertaker, Sam'l H. Chase

Place of Business, 198 S. Howard St. Address, 262 Sharp St.

A. M. Hall M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 11 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annette Cornelia Ringgold

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 19 Months, 1 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, during Life

Place of Death, { Give street and number } 35 L. Monument St.

Cause of Death { First, (Primary.) Meningitis  
Second, (Immediate,) Cerebral Effusion

Duration of last Sickness, 3 weeks 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, February 16 - 1881 J. P. Keller M. D. Medical Attendant.

Undertaker, Same as above

Place of Business, 178 S. Howard Address, 126 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46132

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 11. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marnice G. Williams

Sex, Male or ~~Female~~ { Cross out the word not required in this line. } Male

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 2 1/2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 242 E. Chase St. Balt. Md.

Duration of Residence in the City of Baltimore, 2 1/2 days

Place of Death, { Give street and number. } 242 E. Chase St.

Cause of Death, { First, (Primary.) Difficult birth }  
 { Second, (Immediate.) \_\_\_\_\_ } ✓

Duration of Last Sickness, 2 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Feb. 14th 1881

{ Undertaker, Wm. H. Hickman }  
 { Place of Business, 234 N. Gay St. }

Address, 2305 N. Caroline

Geo. A. Norton M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46.133

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, February 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Catharine Hutton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Eighty one Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Providence Rhode Island

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, { Give street and number. } 74 N. Caroline St.

Cause of Death, { First, (Primary.) } Dropsy  
{ Second, (Immediate.) }

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Balls Blwy

Date of Burial, Feb 15, 1881

Nicholas L. Dashiell M.D.,  
Medical Attendant.

{ Undertaker, Thos. Hughes

{ Place of Business, 60 E. Balto. St. Address, 207 St. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

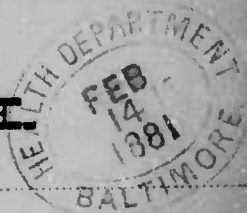
Permit No. 46134

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Vogt.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 Years, Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Machinist

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

233 S. Eutaw St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Phthisis Pulmonalis, about 5 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Oliver

Date of Burial, Feb 14<sup>th</sup> 1881

R. J. N. Tall M.D., Medical Attendant.

{ Undertaker, Dieterich Wiegand

{ Place of Business, 166 Grand Hill Ave

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

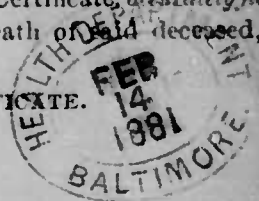
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, February 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~Robert~~ James Robertson - Allnutt.

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, Fourteen Years, 1 Month, Days

Color, White

~~Married~~ Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Pupils of Gramma School No. 1.

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Calvert County - Maryland.

Duration of Residence in the City of Baltimore, Three Months

Place of Death, { Give street and number. } 357 West Fayette Street.

Cause of Death, { First (Primary,) Hemorrhage (non-appearance) -  
Second (Immediate,) Paralysis (reflex) convulsion: Coma. -

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Calvert C<sup>y</sup> Md.

Date of Burial, Feb 18<sup>th</sup> 1881.

{ Undertaker, J. H. Weaver & Co.

{ Place of Business, 22 W. Fayette.

J. A. Dudley M. D.  
Medical Attendant.

Address, 168 W. Lombard St.

### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2060 Francis

[OVER.]



# Board of Health, City of Baltimore

Permit No. 46136

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb 13, 1881,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara Hoakes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Months, One Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 296 1/2 Monument

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 296 1/2 Monument St

Cause of Death, { First, (Primary.) Premature Labor, Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 14th J. W. Chaubert M.D.,

Medical Attendant.

{ Undertaker, W. C. Weddell

{ Place of Business, 90 Greenmount Address, 208 N 13th St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics of the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Feb 13 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas Summerville Maynard

Sex, Male or Female, { cross out the word not required in this line. }

Age, 34 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, W

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) Second, (Immediate,) }

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Olmest Cemetery

Date of Burial, Feb 15 1881

{ Undertaker, John S. Machin

{ Place of Business, 207 E. Fayette St

J. H. Ricketts M. D.  
Medical Attendant.

Address, 23 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46138

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Feb 13th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Murray

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

50

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

40 Years

Place of Death,

{ Give street and number. }

Cor. President & Eastern Ave

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Heart disease

old py

Duration of Last Sickness,

Several years

All the above information should be furnished by the Physician.

Place of Burial,

St Patrick's Cemetery

Date of Burial,

Feb 15th 1881

George B. Pyrites

M.D.,

Medical Attendant.

{ Undertaker,

Henry W. Mears

{ Place of Business,

45 N. Gay St

Address, 3 E. Calvert Monument

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46139

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Feb. 13<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah Shaffer

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

8

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

216 S. Bethel St.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Diphtheria Diphtheria

Duration of Last Sickness,

Seven 7 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

16<sup>th</sup> February 1881

M.D.,

Medical Attendant.

{ Undertaker,

Leonhard Verry

{ Place of Business,

S. Bond Street 277

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

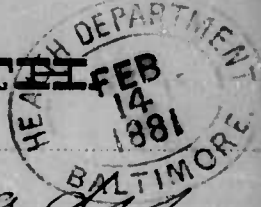
Permit No. 46140

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Brady

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 76 Years, Months, Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number. } 47 S. Chapel St

Cause of Death, { First, (Primary.) Dementia  
Second, (Immediate.) Partial Paralysis }

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 15<sup>th</sup> 1881

{ Undertaker, M. Clarke & Sons } Medical Attendant, Commissioner of Health

{ Place of Business, } Address, Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. P. Smith [OVER.]

No. 270741  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Flann

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 21 Years, 5 Months,  Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 14 Walker st.

Cause of Death, { First, (Primary.) Pulmonary tuberculosis  
Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 14<sup>th</sup> Feb

Undertaker, J. H. Herwick

Place of Business,

J. H. Dausch M. D.  
Medical Attendant.

Address, 27 N. Broadway

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH.

Date of Death, Feb 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } L. Boyle

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 5 Years, 1 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Lawyer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Annapolis

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number } 414 Lexington St

Cause of Death, { First, (Primary.) Chronic Gastric - Intest.  
Second, (Immediate,) two months

Duration of last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Feb 15<sup>th</sup> 1881

Undertaker, Shoemaker & Co

Place of Business, 38 Park Ave

Address, 108 Park Ave

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

Transit 2061

# Board of Health, City of Baltimore,

Permit No. 46143

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, February 14 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Wheeler

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — Years, — Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 269 E Monument St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cyanosis Neonatorum

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Roll Cemetery

Date of Burial, Feb 15

J. D. Doyle M.D.,  
Medical Attendant.

Wm Shultchies  
Undertaker

Place of Business, Monument St Address, 222 N Broadway



Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 14th February 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaretha Sickerling

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 Years, 5 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give street and number } S. Register Street 162

Cause of Death, { First, (Primary.) } Bronchitis capillaris  
{ Second, (Immediate.) } 2 days

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Hells Point Cemetery

Date of Burial, Feb 15th 1881

Undertaker, Casper Eckhardt

Place of Business, 269 Canton Ave Address, S. Register Street 117

William Kessel M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]



# Board of Health, City of Baltimore,

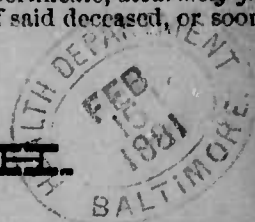
Permit No. 46145

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Feb 13 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James B Cotter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Carriage Driver

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 66 Decker St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Acute Peritonitis  
Shock

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Church

Date of Burial, Feb 15 1881 Oscar J. Calkins M.D.,  
Medical Attendant.

{ Undertaker, Joseph F. Byrne

{ Place of Business, 189 N. Liberty Address, 188 N. Calvert

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 46146

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, February 13<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unnamed daughter of JohnSex, ~~Male~~ Female, { cross out the word not required in this line. } & Sarah McKeanAge, \_\_\_\_\_ Years, \_\_\_\_\_ Months, one Day.Color, whiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 113 Eutaw Street, City.Duration of Residence in the City of Baltimore, all her lifePlace of Death, { Give street and number } 113 Eutaw St.Cause of Death, { First, (Primary.) Second, (Immediate.) } Premature birth (at 8 mos.)  
Cyanosis.

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mount OlivetDate of Burial, Feb 15<sup>th</sup> 1881Undertaken, Abraham WeymanPlace of Business, 13 Baratoga St.Christopher Johnston, Jr. D.  
Medical Attendant.Address, 82 Franklin St.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. ELLIOTT &amp; CO., CITY PRINTERS AND STATIONERS.

{OVER}

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 15 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James M. McNeigh

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 39 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, #15 years

Place of Death, { Give street and number } #87 North Street

Cause of Death { First, (Primary.) Congestion Lungs  
Second, (Immediate) Nervous Exhaustion

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Feb 15th 1881

Undertaker, G. Frank Lane

Place of Business, Cor. Lombard & Republican Sts.

P. S. Fisher

Geo. D. Cope

1111 Broadway

M. D.

Medical Attendants

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 14<sup>th</sup> 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Robert Lee Duffy

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 1/4 Years, 8 Months, 12 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

New Britain

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number }

177 Lee St

Cause of Death { First, (Primary,) Second, (Immediate,) }

diphtheria

Duration of last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Christ Ch. City

Date of Burial, Feb 16<sup>th</sup> 1889

J. H. Sprague M. D.  
Medical Attendant.

{ Undertaker, John Macdon }

{ Place of Business, Loose Landing Address, 76 Lee St }

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City

OFFICE OF VITAL STATISTICS.

Permit No. 116149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death, February 13<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Ann Hoar

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 52 Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } Corner of Stiles & Albemarle St

Cause of Death { First, (Primary.) Diffused Leucemia  
Second, (Immediate.) Two months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Mount

Date of Burial, Feb 16/87

Undertaker, Geo. W. Hayker

Place of Business, 50 E. Pratt St

Address, 57 Franklin St

Medical Attendant, Wm. Morris M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 15th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Kraft

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 Years, 3 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and number } # 5 Battery Lane

Cause of Death, { First, (Primary,) Diphtheritic Croup  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Warriner

Date of Burial, Feb 16th 1881

Undertaker, Michael Funk

Place of Business, Bank St

John H. Reppinger M. D.  
Medical Attendant.

Address, # 243 Lee Avenue

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[0748.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 14th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Otto Hilgen

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 5 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and number } # 227 S. Bethel St.

Cause of Death, { First, (Primary.) Diphtheria (malignant)  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician

Place of Burial, Second Reformed Cemetery

Date of Burial, February 16th, 1881 John A. Rehberger M. D.  
Medical Attendant,

{ Undertaker, John C. Schuler

{ Place of Business, 25 N. 1st St. Address, # 243 N. Second St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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(OVER.)

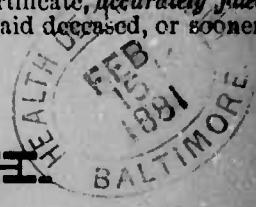
# Board of Health, City of Baltimore,

Permit No. 46152

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb 13/81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Wisly

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, \_\_\_\_\_ Years, 5 Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 250 S. Durham St.

Cause of Death, { First, (Primary.) Casaneh fever  
Second, (Immediate.) \_\_\_\_\_

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Reformat. St. Pauls Cemetery

Date of Burial, 15th Feby. 1881

{ Undertaker, Wm. Nicolais } R. W. Mansfield M.D.,  
Medical Attendant.

{ Place of Business, 258 N. Pine St. } Address, 117 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

Feb 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charlotte Eisman

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

57 Orchard St

Cause of Death { First, (Primary,) \_\_\_\_\_

Infantile Erysipelas, extending over the whole body

Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, \_\_\_\_\_

4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 16<sup>th</sup> 1881

{ Undertaker, B. Harle

{ Place of Business, 82 West St

R. Winslow

M. D.

Medical Attendant.

Address, 201 W. Biddle St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Stewart

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 3 Months, \_\_\_\_\_ Days.

Color, colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 377 West St.

Cause of Death, { First, (Primary,) \_\_\_\_\_  
Second, (Immediate,) convulsions }

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Oliver Cemetery

Date of Burial, Feb 15 1881 R. M. Hall M. D. Medical Attendant.

{ Undertaker, Thos J. Lock

{ Place of Business, 73 Jefferson Address, 262 Sharp St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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(OVER)

# Board of Health, City of Baltimore,

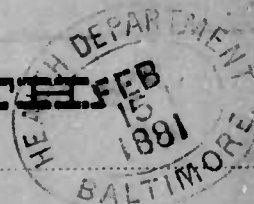
Permit No. 46153

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, February 14, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna J. J. J.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 19 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2 1/2 Years

Place of Death, { Give street and number. } 337 S. Barton

Cause of Death, { First, (Primary.) Inflammation of the lungs et alia }  
{ Second, (Immediate.) Suffocation }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. James Church

Date of Burial, Feb 15, 1881

Undertaker, Henry J. J. J.

Place of Business, 337 S. Barton

Address, 245 S. Baltimore

J. J. J. M.D.,  
Medical Attendant

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>actually filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michel Gearon

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 39 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number } 57 Hillman St

Cause of Death, { First, (Primary.) Second, (Immediate,) } Bright's Disease (chronic)  
3 months

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 16<sup>th</sup> Wm. Brooke Boyle M. D.  
Medical Attendant.

{ Undertaker, H. C. Wiedefeld

{ Place of Business, 29 Greenmount Address, 166 E. Bay St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 46157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, February 14th 1891

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Kelley

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

5 Marlinton Ave

Cause of Death, { First, (Primary.)

Suppressed Scarlet Fever

Second, (Immediate.)

Convulsions, Coma etc

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Feb 15

{ Undertaker, Joseph Cook

{ Place of Business, 707 West Baltimore

W. E. Registrar M.D.,  
Medical Attendant.

Address, 1000 Fayette St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46158

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Feb. 15 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Finney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 32 Lewis Street

Cause of Death, { First, (Primary.) D. of Heart  
Second, (Immediate.) Paralytic coma

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tomorrow Feb 15 2 O'clock

J. H. M.D.,  
Medical Attendant.

{ Undertaker, J. Muller

{ Place of Business, 21 Harrison St Address, 401 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46159

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Feb 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rick W. Gipe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 143 Lombard St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Dropsy

Duration of Last Sickness, 28 da

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 15<sup>th</sup> 1881.

Undertaker, P. H. Gipe

Place of Business, 91 E. 1<sup>st</sup> St

P. H. Gipe M.D.,  
Medical Attendant.

204 Target St  
Address, Baltimore Md

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, July 1, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David Romney

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 62 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Seaman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, Month & a half

Place of Death, { Give street and number } University Hospital

Cause of Death { First, (Primary,) Bright's disease  
Second, (Immediate,) asthma

Duration of last Sickness, Month & a half

All the above information should be furnished by the Physician.

Place of Burial, West Park Cemetery

Date of Burial, Feb. 14/81

Undertaker, P. A. Reschner

Place of Business, 350 Lexington Ave

M. D.

Medical Attendant.

Address, University Hospital

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

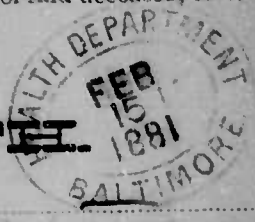
# Board of Health, City of Baltimore,

Permit No. 46161

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Elizabeth Mieleke

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 12 hours Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 27 Vincent St

Duration of Residence in the City of Baltimore, 12 hours

Place of Death, { Give street and number. } 27 Vincent St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Spiking wound by machine falling on her forehead

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 14/81

{ Undertaker, J. A. Keckner

{ Place of Business, 50 Marlborough Ave

Address, \_\_\_\_\_

Alexander Thibault M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46162

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Feb 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eddie Jones

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — Years, — Months, 21 Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 49 Vincent-Alley bet Lexington & Saratoga

Cause of Death, { First, (Primary.) Second, (Immediate.) } Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, —

Undertaker, F. A. Kirchner

Place of Business, 50 Carroll St.

John H. Stearns M.D.,  
~~Registrar~~

Address, Commissioner of Health  
Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 14 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emm Lawrence

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 77 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, Shoemaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Wile of Mass

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, { Give street and number } 176 Montgomery St

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Green Park

Date of Burial, Feb 17 1881

Undertaker, Armstrong, Dennis

Place of Business, 263 Light St Address, 164 Hammond St

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OV-12.]

# Board of Health, City of Baltimore,

Permit No. 46164

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, 2<sup>nd</sup> Mar 14, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Heolmer Barnes.

Sex, Male ☒ Female, { Cross out the word not required in this line. }

Age, 5 Years, 7 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Millsburg Va

Duration of Residence in the City of Baltimore, about 4 years

Place of Death, { Give street and number. } 145 W. Hoffman St

Cause of Death, { First (Primary,) Diphtheria Second (Immediate,) do }

Duration of Last Sickness, nine days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 16<sup>th</sup> 1881

Dr. Carey Thomas M. D.  
Medical Attendant.

{ Undertaker, Wm Weaver

{ Place of Business, No 202 N. Gutzger St

Address 317 Madison Ave

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 116163

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb. 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane Ann Dore

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 20 Years, 10 Months, 20 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Servant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and number. } No. 7 Bell Al.

Cause of Death, { First, (Primary.) Catarrhal Fever }  
{ Second, (Immediate.) Exhaustion }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fairview Md

Date of Burial, Feb 16 1881

{ Undertaker, Abraham Wayman }

{ Place of Business, 13 Saratoga }

Address, City of Baltimore

J. H. Branham M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transcript 2062



The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46166

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lauretta Brewer

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 Years, 4 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } None

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 208 Talson

Cause of Death, { First, (Primary.) Second, (Immediate,) } Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Cemetery

Date of Burial, February 17 1881

Undertaker, H. M. Gibenayer

Place of Business, 341 Canton ave

E. J. Williams M. D.  
Medical Attendant.

Address, 13 Patuxent St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 46167

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Feb 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stannals R. Hush

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 77 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, House wife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Mid

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 106 Argyle Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumo-Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park

Date of Burial, Feb 17<sup>th</sup> 1881

{ Undertaker, Andrew S. Hedges

{ Place of Business, No 416 Daniel Hill Ave

J. Meller

M.D.,

Medical Attendant.

Address, 89 N. Greene St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James C. Vesterman

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, one Years, Four Months, Thirteen Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Washington D. C.

Duration of Residence in the City of Baltimore, Four Months

Place of Death, { Give street and number } No. 180 Burgundy St.

Cause of Death, { First, (Primary.) Second, (Immediate,) } Diphtheritis - Croup  
one week

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C.

Date of Burial, Feb. 17<sup>th</sup> 1881

Under signer of name, J. Tyler Smith M. D. Medical Attendant.

Place of Business, Woodbury Bldg. Balt. City Address, 221 Bait. St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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2063 Transit

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46169

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Feb 15 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Jacob

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, { Give street and number. } 76 North St

Cause of Death, { First, (Primary.) } Softening of the Brain  
{ Second, (Immediate.) }

Duration of Last Sickness, 30 - 40 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 17

{ Undertaker, Henry Brice

{ Place of Business, Henrietta St 81 Address, 146 N. Avenue St

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb'y 14<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Conrad C. Vehn

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 6 Years, — Months, 24 Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 52 Wyeth St.

Cause of Death, { First (Primary), Second (Immediate), } Diphtheria

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, Western Cemetery

Date of Burial, February 16<sup>th</sup>

Undertaker, B. Harb.

Place of Business, A. 82 West St.

L. W. Weber

M. D.

Medical Attendant.

Address 298 W. Lombard St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 15, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Arthur Gabe

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 Years, 11 Months, 22 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Maryland

Duration of Residence in the City of Baltimore, 15 months

Place of Death, { Give street and number } 317 W. Hoffman St.

Cause of Death { First, (Primary,) Cholera  
Second, (Immediate,) Asphyxia

Duration of last Sickness, was visited by me right before death - said to have been sick four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, 16 February Marbury Brewer M. D.  
Medical Attendant.

{ Undertaker, J. H. Gabe

{ Place of Business, 341 Penryn Address, 68 1/2 E. Calver St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

2064 trans [OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 15<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Davis

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, X Years, X Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, City

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 232 N. Bond St.

Place of Death, { Give street and number } Cyanosis

Cause of Death { First, (Primary,) 2 days  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Christfield Mtd

Date of Burial, Feb. 16<sup>th</sup> 1881 H. T. Remond M. D.  
Medical Attendant.

{ Undertaker, Wm. H. Hickman  
Place of Business, 234 N. Gay St. Address, 186 Annapolis St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

2065 Transit

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46173

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb. 14 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adeline Webb

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 17 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 281 N. Eulaw St

Cause of Death, { First, (Primary.) Phthisis }  
{ Second, (Immediate.) }

Duration of Last Sickness, one year and a half

All the above information should be furnished by the Physician.

Place of Burial, General Cemetery

Date of Burial, Feb. 16<sup>th</sup> 1881

G Lane Taneyken M.D.,  
Medical Attendant.

{ Undertaker, David Staffer }

{ Place of Business, 129 W Biddle }

Address, 129 W Biddle

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

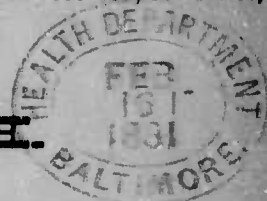
# Board of Health, City of Baltimore,

Permit No. 46174

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 15 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Elysebeth Meekeson

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, 19 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow or Widower~~, Cross out the word not required in this line.

Occupation, None

Birthplace, State or Country and how long in the United States, if of foreign birth. Prussia

Duration of Residence in the City of Baltimore, Life time

Place of Death, Give street and number. 21 South Hill Avenue

Cause of Death, First, (Primary.) Acute Nephritis  
Second, (Immediate.) Dropsy of the Lungs

Duration of Last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's

Date of Burial, Feb 17<sup>th</sup> 1881

Chas. A. Bonorum M.D.,  
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 47 C. D. Hill Address, \_\_\_\_\_

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 46175

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Feb. 11 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jos. Hoffmann

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 17 Years, 2 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 267 N. Dallas St.

Cause of Death, { First, (Primary.) Diphtheritic croup  
Second, (Immediate.) Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Home Cemetery

Date of Burial, Feb. 17 3 P.M.

Geo. A. Hartman M.D.,  
Medical Attendant.

{ Undertaker, A. H. Bandell

{ Place of Business, 466 E. Chase St.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas L. Beckenbaugh

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 46 Years, Months, Days.

Color, White, Sex,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Druggist

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Frederick Ind

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number. } S. W. Corner Lombard & Poppleton Sts

Cause of Death, { First (Primary,) Second (Immediate,) } Apoplexy

Duration of Last Sickness, 21 Hours,

All the above information should be furnished by the Physician.

Place of Burial, Frederick Ind

Date of Burial, Feb 16th 1881

Undertaker, Howland & Son

Place of Business, 77 N. Chase St

Pembroke M. Hymble M. D.  
Medical Attendant.

Address No 203 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2066

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Feb 15<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Bankard

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 52 Years, 5 Months, 3 Days.

Color, white Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, No occupation for several years past -

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 301 N. Gilman St

Cause of Death, { First (Primary,) Tuberculosis  
Second (Immediate,) Asthenia

Duration of Last Sickness, Failing for several years.

All the above information should be furnished by the Physician.

Place of Burial, Carroll Co

Date of Burial, Feb 17<sup>th</sup>

Undertaker, Meeth & Shield

Place of Business, 60 N Carrollton Ave

Address 47 Edmondson Ave

Medical Attendant, Jas. H. Gibbons M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2067 Transit



Permit No. 46178

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

# CERTIFICATE OF DEATH

Date of Death, February 15 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Eliza Zachary

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } Female

Age, 83 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } St. Marys Co. Maryland

Duration of Residence in the City of Baltimore, 76 years

Place of Death, { Give street and number. } 95 S. Eden St.

Cause of Death, { First, (Primary.) Old age  
Second, (Immediate.) Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Church

Date of Burial, Feb. 17 1881

{ Undertaker, M. A. Dwyer  
Place of Business, 74 S. Broadway

Address, 17 S. Broadway

Jno. S. Lynch M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. **46 179**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, **Feb. 15 1881**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Margaret Traumen**

Sex, Male or Female, { Cross out the word not required in this line. } **Female**

Age, **64** Years, **3** Months, **13** Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the word not required in this line. } **married**

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } **Germany**

Duration of Residence in the City of Baltimore, **35 years**

Place of Death, { Give street and number. } **250 Light St.**

Cause of Death, { First, (Primary.) **Cancer of Liver**  
Second, (Immediate.) **jaundice Coma**  
**8 months**

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, **Set Mathaus Cemetery**

Date of Burial, **Feb 16th 1881** **A. P. Allcott** M.D.,  
Medical Attendant.

{ Undertaker, **Caspar Eckhardt**  
Place of Business, **269 Canton Ave** Address, \_\_\_\_\_

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> ~~out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~the~~ deceased, or ~~the~~ Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 15 1881

Full Name of Deceased, <sup>Write legibly and spell correctly. If an infant not named, give names of parents.</sup> Julius Morrissey

Sex, ~~Male~~ or Female, <sup>cross out the word not required in this line.</sup>

Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, <sup>Cross out the word not required in this line.</sup>

Occupation, \_\_\_\_\_

Birthplace, <sup>State or country, (and how long in the United States, if of foreign birth.)</sup> Belmont

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, <sup>Give street and number.</sup> 191 W Fayette

Cause of Death <sup>First, (Primary)</sup> Has not been able to eat & all death  
<sup>Second, (Immediate)</sup> Typhoid fever

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feby 17 " 1881 R. H. Carr M. D.

Undertaker, Detroy Mitchell Cummitt Medical Attendant.

Place of Business, 508 W Fayette St Address,

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, <sup>or</sup> sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { cross out the word not required in this line. }

Age, *About 50* Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death { First, (Primary.) Second, (Immediate.) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Western Public Cemetery*

Date of Burial, *Feb 15/81*

Undertaker, *P. A. Kerchner*

Place of Business, *#50. Carrollton Ave* Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Helden Healy

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 34 Years, 10 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married (Primipara)

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number } 190 William St.

Cause of Death { First, (Primary,) Pneumonia  
Second, (Immediate,) Hypostatic Pneumonia

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Feb 16<sup>th</sup> 1881

Undertaker, Amos G. Denny

Place of Business, 263 Light St. Address, W. L. Sharp & Co.

W. L. Sharp & Co. M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

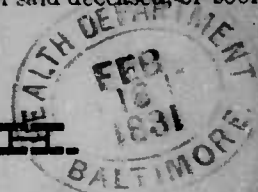
# Board of Health, City of Baltimore,

Permit No. 46183

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 16 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Butt

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 28 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and number. } 65 Bank St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Septicaemia (blood poison)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Friday Feb. 18th

Michael Funk 117 Broadway

{ Undertaker, Place of Business, Address, }

Richard Mansfield M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46184

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

February 16, 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma C. Grinton

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

4 Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give street and number. }

No 617 N. Gay St.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Bronchitis Catarrhal & Pneumonia

Eclampsia

Duration of Last Sickness,

12 days

All the above information should be furnished by the Physician.

Place of Burial,

Balt. Cemetery

Date of Burial,

Feb 17 1881

W. B. White, M.D.

Medical Attendant.

{ Undertaker,

Mr Link

{ Place of Business,

Gay St near Caroline

Address,

807 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> ~~out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ~~deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 18th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May Kent

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, 32 Years, 1 Months, 19 Days.

Color, W.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } No. 54 S. Poppleton St.

Cause of Death { First, (Primary,) Puerperal Fever  
Second, (Immediate,) Thrombosis

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, February 19th 1881 Chas. M. Jeff M. D.  
Medical Attendant.

{ Undertaker, Wm. Weaver

{ Place of Business, 202 N. Eutan Address, 206 N. Fayette St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 15<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jules F. Dandelest.

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 22 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } ✓

Occupation, Dyer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number } 122 Atwood St

Cause of Death { First, (Primary,) Second, (Immediate,) } Typhoid Fever

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cath Cert

Date of Burial, Feb 17<sup>th</sup> 1881

Undertaker, Wm. C. Byrnes

Place of Business, 59 N Liberty

Medical Attendant, John H. Pennington M. D.

Address, 134 N Carrollton Ave

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. Howard Smith

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 13 Years, 22 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, City Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 61. Eager St

Cause of Death { First, (Primary) Convulsions  
Second, (Immediate), 20 hours

Duration of last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 17<sup>th</sup> 1881

Undertaker, Geo. Schilling

Place of Business, Arkland Square

Geo. W. Hayson M. D.  
Medical Attendant.

Address, 18 Asquith St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Tuesday Feb 15<sup>th</sup> - 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Cannon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Three Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, V

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } No 42 S. Schroeder St

Cause of Death, { First (Primary,) Second (Immediate,) } Infant Convulsions

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 17 1881 Hugh Nelson M. D. Medical Attendant.

Undertaker, Matthew Coadogan

Place of Business, 227 Mulberry St Address Fremont & Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Mary C. May

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 35 Years, Months, Days.

Color, White Sex, Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 82 George St.

Cause of Death, { First (Primary), Second (Immediate), } Typhoid Fever

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feb 18<sup>th</sup> 1881

Undertaker, Andrews & Sons

Place of Business, 14 + 6 Office Ave

Address 274 Madison Ave

H. W. Oving M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Berry

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, \_\_\_\_\_ Years, One Months, \_\_\_\_\_ Days.

Color, cl

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Chestnut 44 Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } Chestnut 44

Cause of Death, { First, (Primary.) \_\_\_\_\_  
Second, (Immediate.) Marasmus

Duration of last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Same Cemetery

Date of Burial, Feb 16 1881 E. C. Baldwin M. D.  
Medical Attendant.

Undertaker, Abraham Wymann

Place of Business, 13 Saratoga St Address, 124 N. Eyer St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *February 16<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Maria Winkelman*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *70* Years, *9* Months, *25* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *✓*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Brunswick, Germany*

Duration of Residence in the City of Baltimore, *Twenty Six years*

Place of Death, { Give street and number. } *54 Patterson Park Avenue, near Essex St.*

Cause of Death, { First (Primary,) Second (Immediate.) } *General debility & old age  
affection of bronchial tubes*

Duration of Last Sickness, *fourteen days*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cem.*

Date of Burial, *Feb 18<sup>th</sup> 81* *Andrew Schwartz* M. D.  
Medical Attendant.

Undertaker, *Sp. France*

Place of Business, *280 Canton Ave*

Address *Cor. E. Mt. & Canton St.  
near S. Broadway*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 27 117 72  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 5

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bella H. Griffith Griffiths

Sex, Male or Female, { cross out the word not required in this line. }

Age, 18 Years, 10 Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Wife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore, Most of life in Balt

Place of Death, { Give street and number }

60 Barre St

Cause of Death, { First, (Primary.) }

Obstructive Labor

{ Second, (Immediate.) }

Exhaustion

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Calverton Co Md

Date of Burial, Feb 20 1912

Wm R. Quinn

M. D.

Medical Attendant.

{ Undertaker, B. N. Hall }

{ Place of Business, 111 Hanover St }

Address, 688 W. Fay.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Feb. 15 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary West

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, about 70 Years,

Months,

Days.

Color, Colored

Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

none

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

all her life

Place of Death, { Give street and number. }

412 More alley - near Druid St. at

Cause of Death, {

First (Primary),

Pulmonary Consumption

Second (Immediate),

asthma

Duration of Last Sickness,

more than 10 years

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

Feb. 17<sup>th</sup> 1881

J. E. Chorr

M. D.

Medical Attendant.

{ Undertaker,

Daniel W. Chase

Address

141 Linnell St

{ Place of Business,

148 S. Howard St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46194

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 15th Feb 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucilla Thomas

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 Years, Months, 2 1 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, V

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No. 147 Pure St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia 8 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mark's Church

Date of Burial, Feb. 17th 1881 M. D.

{ Undertaker, Geo. W. Chase Medical Attendant.

{ Place of Business, 148 S. Howard St Address, St. Mark's Church

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Addie Fitzgerald

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, Four Years, Five Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Washington D. C.

Duration of Residence in the City of Baltimore, Three months

Place of Death, { Give street and number } 58 Orleans St

Cause of Death { First, (Primary.) Scarlatina  
Second, (Immediate.) Uræmia }

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Febr 17<sup>th</sup> 1881

J. F. Tearney

M. D.

Medical Attendant.

Undertaker, H. Hoffmann

Place of Business, 63 N. Eden St.

Address, 58 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

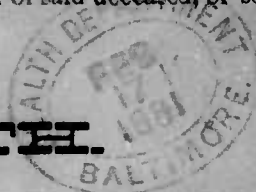
Permit No. 46196

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Feb 15<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Siegel

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months,    Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,   

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,   

Place of Death, { Give street and number. } 11 Clay St

Cause of Death, { First, (Primary.) Rubeola. Second, (Immediate.) Convulsions. }

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 18<sup>th</sup> 1881 Geo. S. Lang M.D., Medical Attendant.

{ Undertaker, W. Henshaw }

{ Place of Business, 48 Pennsylvania St Address, Park Lane & Mulberry St }

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 15 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Aldana Rokes

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 49 Years, 3 Months, 10 Days.

Color, W

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maine

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and number } 403 E Pratt

Cause of Death, { First, (Primary.) Caries of Femur & Osium  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 19 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, February 18<sup>th</sup> 1881

Undertaker, M. A. Daigler

Place of Business, 74 E. B. Bury

Address, \_\_\_\_\_

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46198*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *February 16th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William B. West.*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *21* Years, *—* Months, *25* Days.

Color, *White* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Laborer*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Philadelphia, Pa.*

Duration of Residence in the City of Baltimore, *21 years*

Place of Death, { Give street and number. } *124 S. Bethel St.*

Cause of Death, { First (Primary), Second (Immediate), } *Phthisis Pulmonalis*  
*Ulceration of intestines.*

Duration of Last Sickness, *6 months.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Carmel Cemetery*

Date of Burial, *Feb 17th 1881*

{ Undertaker, E. Cox Address 116 Thames St. }

{ Place of Business, 84 & 86 Bank St }

*J. M. Sullivan.* M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46199

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Feb 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Stubbs

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 83 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, midwife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Richmond Co Virginia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 42 S Sharp St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Old age  
unknown natural

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Feb 17 1881

{ Undertaker, Hemstey Arch Mastalen

{ Place of Business, 60 Orchard St

Edmund H Walker M.D.,  
Medical Attendant.

Address, Laurel road

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 15 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos J Harris

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 22 Years, 2 Months,        Days.

Color, 22

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Porter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Clifton Balto Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number } Patersons Lane

Cause of Death { First, (Primary,) Consumption lungs  
Second, (Immediate,)       

Duration of last Sickness,       

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 17 1881

Undertaker, Hensley & White

Place of Business, 115 E. Pratt St

Address, Dr. J. W. Harris

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46201

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, February 16, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Washington Irving

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 7 Months, 12 Days.

Color, white.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 7 Jackson St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Menigitis

Duration of Last Sickness, Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 18, 1881

{ Undertaker, Thos. S. Hughes }

{ Place of Business, 60 E. Balto St }

Address, 73 E. Baltimore St.

I. W. Hume M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



# Board of Health, City of Baltimore,

Permit No. 46202

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, February 16, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertie Jones.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 3 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single.

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } 19 S. Exeter St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlatina.  
Convulsions.

Duration of Last Sickness, 24 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 18<sup>th</sup>, 1881

{ Undertaker, Jno. S. Hughes

{ Place of Business, 60 E. Baltimore

J. F. Powell M.D.,  
Medical Attendant.

Address, 227 Carrollton Ave.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46203  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Catherine Graham

Sex, ~~Male~~ Female, { cross out the word not required in this line. } Female

Age, \_\_\_\_\_ Years, 1 Months, \_\_\_\_\_ Days.

Color, White

~~Married~~ { Cross out the word not required in this line. }

~~Occupation~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 508 Canton Ave

Cause of Death, { First, (Primary,) Whooping Cough  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cem

Date of Burial, February 18th 1881

Undertaker, Thos J. Evans

Place of Business, 22 Jackson Place

Address, 22 Jackson Place

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46204.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, February 17 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily J. Sevojan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } (Mother)

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 15 Minutes Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } # 84. Aveer St

Cause of Death, { First, (Primary.) } Asthenia  
{ Second, (Immediate.) } Life

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cem

Date of Burial, Feb. 18 - 1881

{ Undertaker, F. A. Kerchner }  
{ Place of Business, \_\_\_\_\_ }  
Commissioner of Health  
Address, & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

at 4 John, E. T. T. T. T.



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Walters

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Fifty -- two Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Talbot co. Md.

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, { Give street and number }

98 Chestnut ally

Cause of Death { First, (Primary.)

Malaria

Second, (Immediate,)

Heart disease

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, Feb 18<sup>th</sup> 1881

F. W. Gardner M. D.  
Medical Attendant.

{ Undertaker, Sheu & Co.

{ Place of Business, 73 Jefferson

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. O. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46206

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, February 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Stevens

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, (Colored)

Married, Single, Widowed, or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } No 74 Cal Street

Cause of Death, { First, (Primary.) } Epilepsy  
{ Second, (Immediate.) }

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18<sup>th</sup> 1881

Undertaker, New York

Place of Business, 73 Jefferson St Address, 29 Asquith St

Saml Powell M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46207

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, February 15<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Parfitt

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 24 Years, Months, Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Charles Co. Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number. } 17 Townsend St

Cause of Death, { First, (Primary.) Cerebral Tumor }  
 { Second, (Immediate.) having 2 hours tumor }  
 Duration of Last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Bonnia Bras Cemetery

Date of Burial, Feb 16<sup>th</sup> 1881

Medical Attendant, Charles Q. Donnan M.D.

{ Undertaker, D. W. Meyer }

{ Place of Business, 813 N Broadway Address, }



### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 14

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rose L. Butler

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 23 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give street and number } 36 E. Lombard St.

Cause of Death { First, (Primary.) Phthisis Pulmonalis  
Second, (Immediate,) Aschemia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 16 1888 W. P. Bates M. D.

Medical Attendant.

{ Undertaker, W. H. Meyer

{ Place of Business, 87 N. B. Way Address, 192 S. E. Ave.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46209

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, February 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Cassidy

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 64 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Mechanic

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 52 years

Place of Death, { Give street and number. } 21 N. Front St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Paralysis  
Eruption on

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 19<sup>th</sup> 1881 Chas A Donovan M.D.,

Medical Attendant.

{ Undertaker, Henry W. Mears

{ Place of Business, 45 N. Gay St Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 46210

**Board of Health, City of Baltimore,**  
Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

**CERTIFICATE OF DEATH.**

Date of Death, Feb 17 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Grace E. McMichael

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 221 S Howard

Cause of Death, { First, (Primary.) Second, (Immediate.) } Impetuous Chorea of the Heart

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill cem

Date of Burial, Feb 17 th 1881

{ Undertaker, 263 Light St

{ Place of Business, 263 Light St

Address, 146 Howard St

Medical Attendant.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 46211  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~or~~ sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 18th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna M. Froelich

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 63 Years, 14 Months, 14 Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 293 Centre Ave 47 years

Place of Death, { Give street and number } Angina Pectoris

Cause of Death, { First, (Primary.) Second, (Immediate.) } 293 Centre Ave  
7 days

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Ctry.

Date of Burial, Feb. 20th

Undertaker, Mr. L. Froelich

Place of Business, 244 Eastern Ave.

Thomas J. Evans M. D.  
Medical Attendant.

Address, 22 Jackson Place

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 16<sup>th</sup> February

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Erline C. Barber.

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 59 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Petersburg, Hardy Co, W. Va.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, { Give street and number } 524 W. Lombard St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cirrhosis of Liver

Duration of last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, W. Virginia

Date of Burial, Feb. 17<sup>th</sup> 1881

Undertaker, Dennis Mitchell

Place of Business, 550 W. Fayette St. Address, 425 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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(9741.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 17, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marion Lipsie

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 89 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~ { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baden

Duration of Residence in the City of Baltimore, 27 yrs.

Place of Death, { Give street and number } 97 Sharp St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Old age.

Duration of last Sickness, about a week.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebrew Cemetery

Date of Burial, Febr 1881

Undertaker, Wm. Eilan

Place of Business, No 101 Gough St Address, \_\_\_\_\_

W. P. Morgan M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 78-0221-7  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin S. Shaw

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 2 Years, 5 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } 22 Russell St

Cause of Death, { First, (Primary.) diphtheria  
Second, (Immediate,) He got Choked

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Ches. Olivet Cem

Date of Burial, Feb. 18th 1881 Wm B Turner M. D.

Medical Attendant.

Undertaker, Wm J. Tiekner

Place of Business, 65 S. Eutaw St Address, 78 S. Paca St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. *46215*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *Feb. 17, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elaine Poetz*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *1* Years, *6* Months, *14* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Engineer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balt. City*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *30 Albemarle St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Scarlatina Anginosa*  
*Exhaustion*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel*  
*230 Albemarle*

Date of Burial, *Feb. 19*

Undertaker, *Row & Bartell*

Place of Business, *Fredrick St 7*

*H. M. White*, M.D.,  
Medical Attendant.

Address, *347 Broadway*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. *46216*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *Feb. 17, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Corrigan*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *5 1/2* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balto. Md.*

Duration of Residence in the City of Baltimore, *5 1/2* Days

Place of Death, { Give street and number. } *5 Webb St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Eclampsia Exhaustion*

Duration of Last Sickness, *12 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *Feb 18<sup>th</sup> 81*

*Geo. A. Hartman* M.D.,  
Medical Attendant.

{ Undertaker, *Geo Schilling*

{ Place of Business, *Ashtland Square*

Address, *305 W. Caroline St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 17th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Kieselhoff

Sex, Male or Female, { cross out the word not required in this line. } Female.

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City,

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and number } # 302 S. Bond St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Internal Convulsions

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, S. Paul's Church

Date of Burial, February 18th 1881

Undertaker, Leonhard Rupp

Place of Business, S. Bond St. # 252 Address, # 243 N. Howard St

John H. Rehberger M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 46218

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Feb 17th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Gibson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, abt 20 yrs

Place of Death, { Give street and number. }

116 S Dallas St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Hepatitis

Duration of Last Sickness,

abt 2 week

All the above information should be furnished by the Physician.

Place of Burial, E. Park Cemetery

Date of Burial, Feb 18 1881

{ Undertaker, P. Muller's }

{ Place of Business, }

Geo S Kinnaman M.D.,  
Medical Attendant.

Address, Eastern Dist

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lina Lotz

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 26 Years, 11 Months, 9 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bethesda, Maryland

Duration of Residence in the City of Baltimore, all her life time

Place of Death, { Give street and number } 6 W. Frederick St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Acute Military Tuberculosis  
Exhaustion

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Feb 20<sup>th</sup> 1881 G. Liebenow M. D.  
Medical Attendant.

{ Undertaker, Sam & Bartlett

{ Place of Business, 62 1/2 W. Baltimore Address, 229 W. Lombard St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Johnson

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 42 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Brick-maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, 42 years

Place of Death, { Give street and number } 49 Little Sharp St.

Cause of Death, { First, (Primary.) Meningitis (central) Meningeal and tubercular  
Second, (Immediate,) Effusion of the fluid upon the floor of the  
ventricle

Duration of last Sickness, 4 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, Cusbery Ave Cem

Date of Burial, Feb 18 1881

{ Undertaker, A Wayman

{ Place of Business, 13 Saratoga Address, 110 N. E. 1st St.

James Brown M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 16 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine O'Keefe

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 80 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } 39 Street St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Old age  
indefinite

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Feb 18 1881

Undertaker, James P. Byrne

Place of Business, No 63 N. Howard St Address, \_\_\_\_\_

L. L. M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46222

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 17 Feb. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Barbara Gerstmeier

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, X Years, X Months, 6 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 46 Greenmount Avenue, Balto.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Trismus & collapse

Duration of last Sickness, 6 days - There was evidently a defect of development

All the above information should be furnished by the Physician, in the child - it never nursed & was abnormal from birth. Externally it was a handsome child.

Place of Burial, Western Cemetery

Date of Burial, Feb 18<sup>th</sup> B. F. Leonard M. D. Medical Attendant.

Undertaker, W. C. Wedefeld

Place of Business, 92 Greenmount Address, 133 N. Exeter St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wesley Waugh Jr

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, Eleven Years, Nine Months, Twenty Six Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Co. Md.

Duration of Residence in the City of Baltimore, Sixteen Months

Place of Death, { Give street and number } Baltimore 240 N. Carey St.

Cause of Death { First, (Primary.) Inflammatory Rheumatism  
Second, (Immediate.) Carditis

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial, Feb 20<sup>th</sup> 1881

Undertaker, John Maecher

Place of Business, Park & Fayette St

Address, 240 N. Carey St

John W. Waugh M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *as actually filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

Feb 17, 1881  
Fred H. Staple

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { cross out the word not required in this line. }

Age, 58 Years, Months, Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer Cigar Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balto. city

Duration of Residence in the City of Baltimore,

life

Place of Death, { Give street and number }

75 Wainer St

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Bright Disease  
5 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 19, 1881

Undertaker, John Moacher

Place of Business, 201 E. Fayette

Address,

76 W. 1st St

J. H. Purney M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

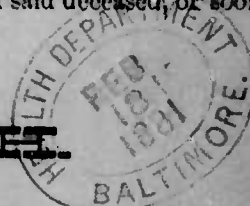
# Board of Health, City of Baltimore,

Permit No. 46225

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, February 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clement Herminckle

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Fireman on Balt. & Ohio R.R.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Balt. & Ohio R.R. near Scott St.

Cause of Death, { First, (Primary.) Struck by an Engine on the Balt. & Ohio R.R. Tracks near Scott St. Second, (Immediate.) Neck broken & left side of abdomen lacerated & penetrated

Duration of Last Sickness, Killed immediately

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 19<sup>th</sup> 1881

{ Undertaker, John Marcher

{ Place of Business, Loca & Condit Address, 161 So. Sharp St.

Edw. Beece M.D.,

Coroner & Dist. Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



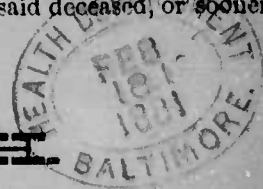
# Board of Health, City of Baltimore,

Permit No. 46226

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb 17 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna M. Frey

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 9 2 Years, Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany 29 yrs in America

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, { Give street and number. } 1250 St. Paul St

Cause of Death, { First, (Primary.) Old age  
Second, (Immediate.) Asepsia } V

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Vernon Cemetery

Date of Burial, February 18

{ Undertaker, W. A. Smith

{ Place of Business, 157 S. Broadway Address, 117 Calvert St

Scar. J. Carter M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Chase.

Sex, Male or Female, { cross out the word not required in this line. }

Age, 25 Years, Months, Days.

Color, Black

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Labourer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Chestertown, Kent County, Md.

Duration of Residence in the City of Baltimore, About 12 years

Place of Death, { Give street and number } Corner of Fremont & China Sts.

Cause of Death { First, (Primary.) Consumption. }  
{ Second, (Immediate,) }

Duration of last Sickness, About 3 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Church

Date of Burial, Feb. 20

Undertaker, John H. G. Jones

Place of Business, 200 N. E. St. Address, Southern Dispensary

J. W. White, M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46228

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Feb 17th 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Charles H. Heston

Sex, Male or Female,

Cross out the word not required in this line.

Age,

9

Years,

Months,

Days.

Color,

Caucasian

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Charles H. Heston

Duration of Residence in the City of Baltimore,

1 year

Place of Death,

Give street and number.

1 1/2 Cross alley

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Tuberculosis

Asphyxia

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial,

St. John's Cemetery

Date of Burial,

Feb 18th 1881

Undertaker,

Ben E. Chase

Place of Business,

188 E. Howard

Address,

Wm H. Mulberry

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 46229

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 17th. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lillian Viola Pissal

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 7 Months, Days.

Color, White Sex, F.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 166 Madison Ave.

Cause of Death, { First (Primary,) Second (Immediate,) } Capillary bronchitis

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, Feb. 19th 1881

Undertaker, Stewart & Mercer

Place of Business, 35. Fair Ave.

W.E. Moseley M. D. Medical Attendant

Address 248 N. Eutan St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Malinda W. Snowden

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 40 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Lady

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Columbus Ohio

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number } 243 McCulloch St.

Cause of Death, { First, (Primary,) Acute Rheumatism (5 weeks)  
Second, (Immediate,) Fever Typhoid (2 weeks)

Duration of last Sickness, Total length of sickness - 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy A. H. Easton, M.D.  
5-43 Spring St. - and

Date of Burial, July 20/81 Henry M. Trilem M. D.  
Medical Attendant.

{ Undertaker, Stewart & Munroe

{ Place of Business, 35 Park Ave Address, Malden Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Feb. 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adam Hilbert

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 34 Years, 6 Months,        Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, Furniture business

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give street and number } University Hospital

Cause of Death { First, (Primary,) Chronic Diarrhoea  
Second, (Immediate,) Asthenia }

Duration of last Sickness, 5 wks.

All the above information should be furnished by the Physician.

Place of Burial, Burial Ground

Date of Burial, Febr 19<sup>th</sup> 1881 F. J. Flannery M. D.  
Medical Attendant.

Undertaker, Peter Kummer

Place of Business, 377 Mulberry St Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John. M. Rippe

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 63 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Labo

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, { Give street and number. } 365 Cross St

Cause of Death, { First (Primary), Second (Immediate), } Bright Disease of Kidney

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, San Ph Cemetery

Date of Burial, Feb 20<sup>th</sup>

{ Undertaker, T. N. Doll Address, 406 Cross St.

{ Place of Business, 131 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 46233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

July 18<sup>th</sup> 81

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Clara B. Jonief

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

2 Years,

2 Months,

14 Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

303 S. Sharp St

Cause of Death,

First, (Primary).  
Second, (Immediate.)

Pneumonia

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Cedar Hill Cemetery

Date of Burial,

Feb 20<sup>th</sup>

Undertaker,

A. N. Doll

Place of Business,

131 Hanover St

R. J. M. Tall M.D.,  
Medical Attendant.

Address, 15-2 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 18<sup>th</sup> '81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Spencer

Sex, Male or Female, { cross out the word not required in this line. }

Age, 58 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 29 yrs.

Place of Death, { Give street and number } 357 W. Washington St.

Cause of Death { First, (Primary,) Pneumonia & Apoplexy  
Second, (Immediate,) Asphyxia & Apoplexy

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, 20 J.B. Bruce M. D.

Medical Attendant.

{ Undertaker, Henry Mears

{ Place of Business, \_\_\_\_\_ Address, 207 Md. Ave.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 462351

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

February 17<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mrs. J. Redolphine Carter

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

63

Years,

Months,

Days.

Color,

white

Sex,

Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore, City

Duration of Residence in the City of Baltimore,

Life.

Place of Death, { Give street and number. }

238 N. Eutaw Street.

Cause of Death, { First (Primary,) Second (Immediate,) }

Paralysis

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt Cemetery

Date of Burial,

Feb'y 20<sup>th</sup> 1880

A. T. Bell

M. D.

Medical Attendant.

Undertaker,

Denny & Mitchell

Place of Business,

5501<sup>st</sup> Fayette St

Address

234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 18 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles W. Ely

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 53 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 141 Arlington P. Ave

Cause of Death { First, (Primary,) Asthma  
Second, (Immediate,) Disease of Heart & Dropsy

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feb 20 / 81 Thomas Shearer M. D.  
Medical Attendant.

{ Undertaker, Denny & Mitchell

{ Place of Business, 550 N. Fayette St Address, No. 97 N. Charles St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Elizabeth Meangum

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 74 Years, 11 Months, 17 Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Anne Arundel Co., Md.

Duration of Residence in the City of Baltimore, One month

Place of Death, { Give street and number. } No. 9 Lorman St.

Cause of Death, { First (Primary,) Ulceration of legs, and senile decay  
Second (Immediate,) Asthenia

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 20<sup>th</sup> 1881

{ Undertaker, Andrews & Hodges  
Place of Business, No 4 & 6 Druid Hills Ave

Address 308 W. Fayette St.

W. W. Messing M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



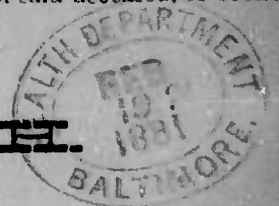
# Board of Health, City of Baltimore,

Permit No. 46238

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

Feb. 18, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Crescentia Constance

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

38

Years,

10

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Single

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balto. Md.

Duration of Residence in the City of Baltimore,

During life

Place of Death,

Give street and number.

Bond St. opp. Abbott

Cause of Death,

First, (Primary.)

Heart Disease

Second, (Immediate.)

Dropsy

Duration of Last Sickness,

5 yrs.

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

Feb. 20th

Geo. A. Hartman M.D.,

Medical Attendant.

Undertaker,

Geo. Schilling

Place of Business,

Ashland Square

Address,

\*305-36 Caroline

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emmel H Morgan

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 27 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Bar-keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number } 32 Spring Street (Row)

Cause of Death { First, (Primary.) Pulmonary Phthisis  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Landon Park

Date of Burial, February 20<sup>th</sup> 1881 C. H. Thomas M. D.  
Medical Attendant.

{ Undertaker, Denny Mitchell  
Place of Business, 158 Broadway Address, 858 Baltimore St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 46240

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mabel Potekard

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 22 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, 4 yrs. 1 mo.

Place of Death, { Give street and number. } W. E. Potter

Cause of Death, { First, (Primary.) Second, (Immediate.) } Influenza pneumonia

Duration of Last Sickness, 6 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, February 20<sup>th</sup> 1881

Undertaker, Denny & Mitchell

Place of Business, 13 S Broadway Address, 24 S Broadway

J. A. H. Lee M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46241*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *18 days February 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Ellen Rogers*

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, *65* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *4 months*

Place of Death, { Give street and number } *636 West Baltimore*

Cause of Death { First, (Primary,) Second, (Immediate,) } *Congestion of Brain about 12 hours*

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *Cincinnati Ohio*

Date of Burial, \_\_\_\_\_

Undertaker, *A Wedemeyer*

Place of Business, *520 W. Baltimore St* Address, \_\_\_\_\_

*O. P. Hoffman* M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

*2071 Transcribed*

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4624/2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Friday, Feb. 18th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel McChesnut Baker

Sex, Male or Female, { cross out the word not required in this line. } Male

Age,        Years,        Months, 4 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,       

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 212 N. Mary St.

Cause of Death { First, (Primary,) Convulsions  
Second, (Immediate,)       

Duration of last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, Feb. 18th 1881

Undertaker, Mr. D. H. H. H.

Place of Business,        Address, 257 Greenmount Ave.

William H. H. H. M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Health, City of Baltimore,

Permit No. 46243

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, February 16 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Williams

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 2 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } # 2. Spring Garden Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cem

Date of Burial, Feb. 18 - 1881

Undertaker, F. A. Kerchner

Place of Business, \_\_\_\_\_

James H. Starnes M.D.,  
Commissioner of Health  
+ Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attest John E. Starnes



# Health, City of Baltimore,

Permit No. 46244

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joshua P Disney Disney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5-7 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Nailcutter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt Co

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } 223 N Eden

Cause of Death, { First, (Primary.) Cerebral  
Second, (Immediate.) Apoplexy }

Duration of Last Sickness, 7 hours

All the above information should be furnished by the Physician.

Place of Burial, Falls Church

Date of Burial, Feb 20 1881

Edmund R Walker M.D.,  
Medical Attendant.

{ Undertaker, Thos. H. Hughes }

{ Place of Business, Cor. Calver & N. E. Address, Coroner on O.D. }

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# City of Baltimore,

Permit No. 46248

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, February 18th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 37 Years,        Months,        Days.

Color,       

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or Country and how long in the United States, if of foreign birth. } France

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, { Give street and number. } No 11. N Wolfe St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Mitral Disease of Heart  
Asthma

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 21 1881

Chas M. Marshall M.D.,  
Medical Attendant.

{ Undertaker, Dr Weyer

{ Place of Business, 81 N B-Way

Address, 67 N B-Way

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# City of Baltimore,

Permit No.

40246

46246

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Feb 18th - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Six Years,

Two Months,

0

Days.

Color,

Dark brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Single

Occupation,

None

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Six years

Place of Death, { Give street and number. }

No 72 Walnut Alley

Cause of Death, { First, (Primary.) }

Cold

Second, (Immediate.)

Phthisis Pulmonalis

Duration of Last Sickness,

Six weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Feb 20. 1881

B F Bohrer

M.D.,

Medical Attendant.

Undertaker,

Henry G. Machden

Place of Business,

16 Orchard St

Address,

Cor Druid Hill rd & Dolphin st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, July 18 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lessa Neff

Sex, Male or Female, { cross out the word not required in this line. }

Age, 80 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } huc

Location of Residence in the City of Baltimore, Fifty year

Place of Death, { Give street and number } 196 Stating

Cause of Death { First, (Primary.) Second, (Immediate.) } Old age  
one year

Duration of last Sickness, \_\_\_\_\_  
All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, Feb 20 1887 J. H. Vetter M. D.  
Medical Attendant.

Undertaker, M. F. Fisher, Jr.

Place of Business, 97 South Hill Address, 13 Franklin

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, -That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, Feb 18 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Saur

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 2 Months, X Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 128 N. Spring St.

Cause of Death { First, (Primary) Scarlatina  
Second, (Immediate), \_\_\_\_\_

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, February 22<sup>nd</sup> 1881

Undertaker, Henry Haeck

Place of Business, 393 Central Ave. Address, 186 Disque St.

H. T. Remondt M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46249

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Feb 18 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David Flower

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 Years, 1 Months, 1 Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } X

Occupation, Carpenter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Hartford Ct Md

Duration of Residence in the City of Baltimore, 5 7 years

Place of Death, { Give street and number. } 29 3rd St

Cause of Death, { First, (Primary.) Phthisis Pulmonalis }  
 { Second, (Immediate.) Exhaustion }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Farmington

Date of Burial, February 21st 1881

{ Undertaker, Henry H. Beck }

{ Place of Business, 309 Central Ave }

Address, Calvert Monument

Geo B. [Signature] M.D.,  
 Medical Attendant.



### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mosby Rose

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 56 Years,        Months,        Days.

Color, colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Fallop Co, Maryland

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number } 26 Dover St

Cause of Death { First, (Primary.) Second, (Immediate.) } Phthisis pulmonum  
exhaustion

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Fallop County

Date of Burial, February 18<sup>th</sup> 1881 Chas. F. Wensler M. D.  
Medical Attendant.

{ Undertaker, Charles White

{ Place of Business, 35 Granby St Address, Mr 68 Sharp St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

2072 transit

**Board of Health, City of Baltimore,**  
Permit No. 46251 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No Permit for Burial Can be Obtained Without a Proper Certificate.

**CERTIFICATE OF DEATH.**

Date of Death, Feb 18 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Jane Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 83 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 60 Hampshire St -

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Belair Road

Date of Burial, Feb 20 1881

{ Undertaker, } William N. Benze

{ Place of Business, } No 62 East Street

L. J. Gault M.D.,  
Medical Attendant.

Address, 187 Orleans St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46252

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Feb 19 " 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Louisa Ahart

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

Years,

2

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Balto City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

42 Port St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Convulsions

Duration of Last Sickness,

a few minutes

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

Feb 20 " 1881

Undertaker,

M. France

Place of Business,

230 Centre Ave

Address,

Comm of Health  
Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Geo E. Taylor

[OVER.]



No. 46253

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 46253

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan. February 18, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Bently

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 80 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Dublin, Ireland

Duration of Residence in the City of Baltimore, About 9 months

Place of Death, { Give street and number } 21 Cemetery Lane

Cause of Death, { First, (Primary,) Second, (Immediate,) } Old age General Debility

Duration of last Sickness, Since landing in this country

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, Feb. 20 1881

{ Undertaker, J. H. Lippert } { Medical Attendant, J. H. Lippert M. D. }

{ Place of Business, 1881 } Address, 289 Chestnut St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PULASKY & CO. CITY PRINTERS AND STATIONERS.

[974]

# Board of Health, City of Baltimore,

Permit No. 46254

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Feb. 17th 1891

Full Name of Deceased, Jacob [illegible] { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 12 Days.

Color, [illegible]

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, [illegible]

Birthplace, { State or Country and how long in the United States, if of foreign birth. } [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number. } 370 Canton Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 20th 1891

Undertaker, M. Francis

Place of Business, 230 [illegible]

Address, [illegible]

[illegible] M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18<sup>th</sup> 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rebecca Ann Cookery  
Sex, Male or Female, { Cross out the word not required in this line. }   
Age, 34 Years, Months, Days.  
Color, white Sex, female  
Married, Single, Widow or Widower, { Cross out the words not required in this line. }   
Occupation, none  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto, City Maryland  
Duration of Residence in the City of Baltimore, all her life  
Place of Death, { Give street and number. } No 294, W. Gilman St,  
Cause of Death, { First (Primary,) Apoplexy  
Second (Immediate,) Pneumonia  
Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery  
Date of Burial, Feb 20<sup>th</sup> 1881  
Undertaker, Henry W. Means  
Place of Business, 45 N. Gay St  
Address, No. 294, W. Gilman St,  
M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 46256

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Feb. 19<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. LewisSex, Male or Female, { cross out the word not required in this line. } MaleAge, 3 Years, 7 Months, 2 Days.Color, CaucasianMarried, Single, Widow or (Widower), { Cross out the word not required in this line. } SingleOccupation, NilBirthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, lifetimePlace of Death, { Give street and number. } 98 N. Central Ave -Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlatina  
AstheniaDuration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent CemeteryDate of Burial, Feb 20<sup>th</sup> 1881{ Undertaker, Geo. H. Mears{ Place of Business, 415 N. Gay St Address, 143 N. E. 1<sup>st</sup> St**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 19 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Louisa Lenz

Sex, Male or Female, { cross out the word not required in this line. }

Age, 15 Years, 6 Months, 28 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and number } 73 N. Fremont St.

Cause of Death { First, (Primary.) Nephritis interstitialis  
Second, (Immediate,) uraemia }

Duration of last Sickness, three years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 21<sup>st</sup> 1887.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. Address, 137 Fayette

R. M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 278200  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence Stewart.

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, Malatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 3 Eldon St.

Cause of Death { First, (Primary.) Pertussis.  
Second, (Immediate,) Convulsions,

Duration of last Sickness, About 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 20<sup>th</sup> 1881

Undertaker, Abraham Weyman

Place of Business, 13 Dorset St.

Address, Southern Dispensary

J. B. White M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. BULLANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46259

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Feb 18. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Martha Bull (Moshu)

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,                      Years,

Months, few minutes Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

149 Raby St

Duration of Residence in the City of Baltimore,

few minutes

Place of Death, { Give street and number. }

149 Raby St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Went to attend at Birth - few minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shark Cemetery

Date of Burial, 20 Feb

Alexander Tinsley M.D.,  
Medical Attendant.

{ Undertaker, John H. Owens

{ Place of Business, 225 S. Eutan

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

February 19/81  
Roy Wright

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { cross out the word not required in this line. }

Age, 8 Years, 14 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 8 mos.

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) Meningitis  
Second, (Immediate,) In (2) Wren Rn.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Ch.

Date of Burial, Feb 20th 1881

Undertaker, John Mascher

Place of Business, Prad Camden

A. J. Specian

M. D.

Medical Attendant.

Address, 387 N. Lombard St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

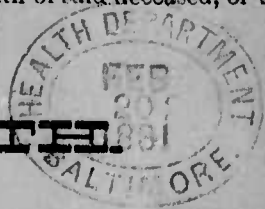
# Board of Health, City of Baltimore,

Permit No. 46261

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Jan 19, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles J. Mott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 7 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 356 Sharp St

Cause of Death, { First, (Primary.) }  
Second, (Immediate.) } Scarlatina

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Feb 21 1881

Medical Attendant, Theodore B. M.D.,

{ Undertaker, John Macdonald }  
{ Place of Business, North & Fayette St } Address, 146 Hanover

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2073 Transit



No. 46262

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 18<sup>th</sup> 1881 52 Monroe Street

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Wilson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 22 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Twenty two years

Place of Death, { Give street and number } 52 Monroe Street

Cause of Death, { First, (Primary.) Meningitis }  
{ Second, (Immediate,) }

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Western Hill

Date of Burial, Feb 20<sup>th</sup> 1881 J. W. Hollyday M. D. (Medical Attendant)

Undertaker, J. K. Kiffin

Place of Business, 22 S. Carey St Address, Carroll F. O. Balb. Co.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 46263

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, February 20th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Grimes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Five (2) Months, Fifteen (15) Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 198 1/2 Front St

Cause of Death, { First, (Primary.) Cholera }  
{ Second, (Immediate.) — }

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, Feb. 21. 1881.

Undertaker, J. D. Rossier

Place of Business, 77 Orleans St. Address, Eager's parking street

Medical Attendant, J. H. Seligman M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 270204  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46264

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 20, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Martin

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ☒ Single

Occupation, ☒ None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 331 Myrtle Avenue

Cause of Death { First, (Primary,) Diphtheria  
Second, (Immediate,) Glottis to larynx - asphyxia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, February 21<sup>st</sup> 1881

Undertaker, Joseph F. Byrne

Place of Business, 59<sup>th</sup> Liberty

Address, 18<sup>th</sup> M. Culloch St.

Medical Attendant, M. D. Marking Brewer

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to the fact that the Board of Health of the City of Baltimore, has the honor to receive from the Physicians of the City, a Certificate of Death, in the form of this Certificate, as a condition of the burial of the deceased.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 416265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Emma Hooper

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 51 Years,

2 Months, 25 Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Chester Co Penn

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number }

No. 84 N. Eutam St. { Residence No. 267 N. Eutam

Cause of Death { First, (Primary,) Cardiac - Aortic + Mitral Insufficiency

Second, (Immediate,) Syncope - Cyanosis

Duration of last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, February 21. 1881

Hammond and Mefflin M. D.  
Medical Attendant.

{ Undertaker, Gode & Son

{ Place of Business, 41 N. Howard St

Address, 64 N. Paca St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46266

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Fitzpatrick

Sex, Male or Female, { cross out the word not required in this line. }

Age, 45 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Huckster

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number } 31 Valley st.

Cause of Death, { First, (Primary.) Typho-Pneumonia  
Second, (Immediate,) 10 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, Feb 21<sup>st</sup> 1881

{ Undertaker, James P. Purge } M. D. Medical Attendant.

{ Place of Business, No 63 N. Front St. } Address,

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 19th: 6:40 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Griffin

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, Seven Years, four Months, ✓ Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } No 10 Peach Alley, Balt. Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number } No. 30 Dawson alley

Cause of Death { First, (Primary.) Scarlatina  
Second, (Immediate.) Dropsy.

Duration of last Sickness, Two (2) weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Co. cemetery

Date of Burial, Feb. 24th 1881

Undertaker, Sam. L. H. Chase

Place of Business, 198 S. Howard St.

Wm. H. Elder M. D.  
Medical Attendant.

Address, F. E. Co. Columbia Ave. - Remont Co.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]



No. 41025  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 20<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Butler

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Eighty Six Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Nothing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Charles Co Maryland

Duration of Residence in the City of Baltimore, Forty four years

Place of Death, { Give street and number } 316 Montgomery St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Paralysis  
Athoplegia

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery Levin D. Styles

Date of Burial, Feb. 21<sup>st</sup> 1881 M. D.

Undertaker, Saml. W. Chase Medical Attendant.

Place of Business, No 128 S. Howard Address, 146 Hill St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. No. 46269

## Board of Health, City of Baltimore,

Permit No. 46269

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 19<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Walton

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 51 Years, 7 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Foreman

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } England

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, { Give street and number } 66 St. Peters St.

Cause of Death, { First, (Primary.) Fissures An<sup>i</sup>  
Second, (Immediate,) Pelvic Abscess & Cellulitis

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, Feb. 21<sup>st</sup> 1887

Undertaker, Wm. H. Hickman

Place of Business, 284 N. Gay St. Address, 304 Manhattan Ave

John Nuff M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CO. CITY PRINTERS AND STATIONERS.

[OV 41.]

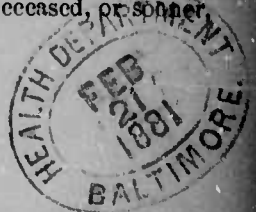
# Board of Health, City of Baltimore,

Permit No. 46270

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Lee Baker-

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 99 Chew St.

Cause of Death, { First, (Primary.) Abscess of Middle Ear with extension of inflammation to the brain. Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 21st 1881

{ Undertaker, Wm H. Buckman }

{ Place of Business, 18234 Jor }

J. M. Whitridge M.D.,  
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. *46271*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *Feb 19th 1881*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Lucy Schearon*

Sex, Male or Female, Cross out the word not required in this line. *Female*

Age, *60* Years, Months, Days.

Color, *white*

~~Married~~, Single, Widow or ~~Widower~~, Cross out the word not required in this line.

Occupation, *✓*

Birthplace, State or Country and how long in the United States, if of foreign birth. *Balto Co*

Duration of Residence in the City of Baltimore, *38 years*

Place of Death, Give street and number. *Monument St No 343*

Cause of Death, First, (Primary.) *Heart disease*  
Second, (Immediate.)

Duration of Last Sickness, *year*  
All the above information should be furnished by the Physician.

Place of Burial, *Balt Cemetery*

Date of Burial, *February 21 1881*

Undertaker, *Wm H. Hickman*

Place of Business, *1234 Gay St*

Medical Attendant, *W J Mahon M.D.*

Address, *No 138 E. Center St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

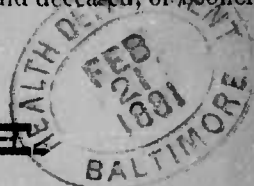
# Board of Health, City of Baltimore,

Permit No. 46272

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *Febry 20<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Malcolm H Opie*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *2* Years, *2* Months, *1* Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } *Single*

Occupation, *Baltimore*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *581 Lexington St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Scarlet Fever*

Duration of Last Sickness, *Five days*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cem*

Date of Burial, *Febry 21<sup>st</sup> 1881*

*Thomas Opie* M.D.,  
Medical Attendant.

{ Undertaker, *Denny Mitchell* }

{ Place of Business, *581 Lexington St* }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46273

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 19 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter (Wm R. Walter)

Sex, Male or Female, { Cross out the word not required in this line. } m Father

Age, Years, Months, 3 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, =

Place of Death, { Give street and number. } 124 Park Avenue

Cause of Death, { First, (Primary.) Obstruction of bowels -  
Second, (Immediate.) Intussusception - Spasms  
from birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ogle Thalam Cemetery

Date of Burial, Feb 21 1881 Richard Rushing M.D.,  
Medical Attendant.

{ Undertaker, J. E. Egan

{ Place of Business, 801 Gay St Address, 189 N. Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 20 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Catherine Bubert

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 57 Years, 10 Months,  Days.

Color, W

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Hannover Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number } S. E. corner Charles & Camden

Cause of Death, { First, (Primary.) Second, (Immediate,) } Double Pneumonia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 22nd

Undertaker, Wm. H. Hall

Place of Business, 122 Hanover Address, 122 Hanover

D. L. Luker M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 46275

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Feb. 19. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt A Loudenslager

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 Years, 10 Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) } Typhoid Fever  
{ Second, (Immediate.) }

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, Loudenspark Cemetery

Date of Burial, February 22

Undertaker, Chas Blacston

Place of Business, Calhoun near Hollan Address, 319 Hollins St

James Bosley M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46276  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, February 20<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Infant (G. W. Devore)  
Father

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

55 Parkin St  
Lhe

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

55 Parkin St

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Pneumonia Pulmonum

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, London Park City

Date of Burial, Feb 21<sup>st</sup> 1881

Dr. W. P. Brown M. D.  
Medical Attendant.

Undertaker, John Maccher

Place of Business, Local Cemetery

Address, 144 Hanover St  
City

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

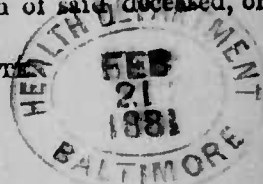
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, February 21<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hattie Sophia Webb

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 11 ~~4~~ Years, 4 Months, 26 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Chicago

Duration of Residence in the City of Baltimore, 2 months

Place of Death, { Give street and number } 64 Ridgmont St

Cause of Death, { First, (Primary.) Subacute Meningitis  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Chicago Ill

Date of Burial, Feb 21<sup>st</sup>

Undertaker, George Schilling

Place of Business, Ashland Square

J. B. Williams M. D.  
Medical Attendant.

Address, 201 Madison Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

Transit 2074

[OV 48.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 20<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry. A. Talbot

Sex, Male or Female, { cross out the word not required in this line. }

Age, One Years, Four Months,  Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } 15 Clarksons Alley

Cause of Death { First, (Primary,) Bronchitis  
Second, (Immediate,) Asthma }

Duration of last Sickness, about Four Months

All the above information should be furnished by the Physician.

Place of Burial, W. Peble's Cemetery

Date of Burial, Feb 21<sup>st</sup> 1881

{ Undertaker, J. A. Kerchner  
Place of Business,  }

Address, Southern Dispensary 77 N. E. St.

Julius Hall M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 46279

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

February 19<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Deborah Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 75 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, { Give street and number. }

5 Fairmount Avenue

Cause of Death, { First, (Primary.) }

Senility

{ Second, (Immediate.) }

Asthenia.

Duration of Last Sickness,

Rising and failing for several months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial,

February 21 1881

D. M. C. Athell M.D.,

Medical Attendant.

{ Undertaker,

M. A. Daiger

{ Place of Business,

741 V. B. Bldg

Address, 2 N Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46280

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, .....

Feb 20/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Geo. Garfield Thurston

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ..... Years, .....

5 Months, .....

Days.

Color, .....

white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, .....

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, .....

Place of Death, { Give street and number. }

No 13 S. Chester St.

Cause of Death, {

First, (Primary.)

Pneumonia

Second, (Immediate.)

Duration of Last Sickness, .....

2 days

All the above information should be furnished by the Physician.

Place of Burial, .....

Greenmount Cemetery

Date of Burial, .....

February 22 "1881

{ Undertaker, .....

M. W. Dargatz

{ Place of Business, .....

74 W. Broadway

R. W. Mansfield

M.D.,

Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46281

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address,

M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Abner Baker

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 70 Years,        Months,        Days.

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Washerwoman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Green Anne's County

Duration of Residence in the City of Baltimore, Ten or eleven years

Place of Death, { Give street and number } 20 Morris St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Shock of Hip Fracture  
Transition & Senility

Duration of last Sickness,       

All the above information should be furnished by the Physician.

Place of Burial, Sam'l Oremus

Date of Burial, Feb 21<sup>st</sup> 1881

Undertaker, Theo J. Lock

Place of Business, 78 Jefferson St

Address, 262 Madison Ave.

Eldridge C. Price M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *actually filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 18, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward H. Harris

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 8 Years, 10 Months, 18 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, +

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 164. S. Durham St.

Cause of Death, { First, (Primary,) + Second, (Immediate,) Cerebral hemorrhage with Paralysis.

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sam'l Cemetery

Date of Burial, Feb 21<sup>st</sup> 1887

Undertaker, Thos J. Locks

Place of Business, 73 Jefferson

A. V. Goswiler, M.D.  
Medical Attendant.

Address, 144 S. Ann St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 46284

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Feb 21 '81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Dannana Finley.*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *21* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balti. Md*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *5 Bankard Alley.*

Cause of Death, { First, (Primary.) } *Premature birth*  
 { Second, (Immediate.) } *Spasms*

Duration of Last Sickness, *all its Life*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St. Cemetery*

Date of Burial, *Feb 21 '81*

{ Undertaker, *N. Ross.*

{ Place of Business, *Conway St*

*James A. Henry* M.D.,

*Commissioner of Health & Registrar*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*By Jas V. Dyck*

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb - 20<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anne, Mary, Catherine, Bohalein

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, *Remotely* Years, *sh* and *7<sup>th</sup>* Months, *month* of *2* Days.

Color, *White* *Reason of accident to mother - the mother having fallen down a flight of stairs -*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No - 33, Essex St

Cause of Death { First, (Primary.) } *Convulsions -*  
{ Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cem.*

Date of Burial, *Feb 21<sup>st</sup> 81*

Undertaker, *Mr. Francis*

Place of Business, *280 Canton*

Address, *237. Gough St*

*A. S. Clarke* M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46286

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Feb 19 '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Ann Larson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto - Mer.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } #208 Dover St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Inanition

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Feb 21 '87

{ Undertaker, F. A. Kerchner

{ Place of Business, Address, Comm of Health Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sp by Joel V. City-Inspector

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 20th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Connolly

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, Fifty-one Years, Months, Days.

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Store-keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Thirty-one years

Place of Death, { Give street and number } 116 No. Townsend Street

Cause of Death { First, (Primary.) Second, (Immediate.) } Phthisis Pulmonalis  
Asthma

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Tuesday, Feb. 22nd H. C. McSherry M. D. Medical Attendant.

Undertaker, Charles Kerivan

Place of Business, Cor. Eutan & Reed Address, Baltimore Infirmary

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46288

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Feb 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Kereby

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ☒ Single

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland 12 years in U.S.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number. } 143 N Holliday

Cause of Death, { First, (Primary.) Acc Crushed by  
Second, (Immediate.) accidental of wall of Building

Duration of Last Sickness, sudden

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 22<sup>nd</sup> 1881

Undertaker, James D. Byrne

Place of Business, No 63 N Street

Address, Corner N P D

Edmund Dr. R. Allen M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46289

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 19<sup>th</sup> 11 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Limerick

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 41 Years, — Months, — Days.

Color, White

Married, ~~Single~~, ~~Widow~~, ~~or~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Kept Public House —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 39 Centre Market Space

Cause of Death, { First, (Primary.) Delirium Tremens  
Second, (Immediate.) Delirium Tremens }

Duration of Last Sickness, 4 days —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb. 22<sup>nd</sup> 1881

{ Undertaker, James, D. Byrne  
Place of Business, No 63 in Grand St }

Claude Van Birkbe ~~and~~  
W. C. Van Birkbe M.D.,  
Medical Attendant.

Address, 47 Franklin St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 21<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida May Kuhn

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Ten Months, Twenty 24 Days.

Color, White Sex, Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 437 Lexington St

Cause of Death, { First (Primary,) Acute Gastritis  
Second (Immediate,) Three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Elk Ridge Lumber & Undertaking Co Thomas Sappington M. D.

Date of Burial, 22 Feb

{ Undertaker, J B Cook Address 70 Centre St

{ Place of Business, 707 W N Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah MontgomerySex, Male or Female, { cross out the word not required in this line. }Age, 58 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }Occupation, Proprietor of Russell HouseBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore cityDuration of Residence in the City of Baltimore, all his lifePlace of Death, { Give street and number } 155 Madison StCause of Death { First, (Primary.) Second, (Immediate.) } Septic Peritonitis <sup>growth of the uterus</sup> caused by removal of polypoid  
ExhaustionDuration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto CemeteryDate of Burial, Feb 24th 1881Undertaker, Wm. H. Griffith M. D. Medical Attendant,Place of Business, 92 Howard St Address, 216 Howard St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

Permit No. 416292

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Feby. 10 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hugh Bolton Sharp

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 Years,

11

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Merchant

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

Driving life

Place of Death, { Give street and number. }

Cor. Laurel + Desquint

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Consumption

Duration of Last Sickness,

6 months -

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Feby 23<sup>rd</sup> 1881

A. B. Arnold

M.D.,

Medical Attendant.

{ Undertaker, J. H. Hughes

{ Place of Business, 60 E. Broadway Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *46293*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

*Feb. 20<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Elizabeth G. Farrell*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *38* Years,

Months,

Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

*Single*

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Maryland*

Duration of Residence in the City of Baltimore,

*12 years*

Place of Death, { Give street and number. }

*50 Valley St.*

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

*Pneumonia*

Duration of Last Sickness,

*10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Wash Cross Cemetery*

Date of Burial, *Feb 22<sup>d</sup>*

*Mr. Brooke Boyl* M.D.,

Medical Attendant.

{ Undertaker, *H. C. Wiedefeld*

{ Place of Business, *90 Gunpowder* Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46294

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, February 21st P.M. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Joseph Bachmayer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X X

Occupation, X X X

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 137 Bank St

Cause of Death, { First, (Primary.) Diphtheria }  
{ Second, (Immediate.) }

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonso Cemetery

Date of Burial, Feb 23rd 1881

{ Undertaker, Elisha Cox }  
{ Place of Business, 84 & 86 Bank St } Address, 297 E. Baltimore St.

James E. Driscoll M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Board of Health, City of Baltimore,  
Permit No. 46295 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, February 21<sup>st</sup> 1881.  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carrie Francis Meade  
Sex, Male or Female, { Cross out the word not required in this line. } Female  
Age, 50 Years, Months, Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow  
Occupation, —  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland  
Duration of Residence in the City of Baltimore, Two weeks  
Place of Death, { Give street and number. } # 94 Barren St  
Cause of Death, { First, (Primary.) Cancer of the Stomach & Breast  
Second, (Immediate.) Hemorrhage, Exhaustion  
Duration of Last Sickness, One Year  
All the above information should be furnished by the Physician.  
Place of Burial, 16 Hillersville Ave  
Date of Burial, February 22<sup>nd</sup> 1881 Same J. B. Bell M.D.,  
Medical Attendant.  
{ Undertaker, W. J. Tickner  
{ Place of Business, 65 S. Eutaw St. Address, # 134 N. Euter St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit Permit No 2078

# Board of Health, City of Baltimore,

Permit No. 46296

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, February 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Conrad Henry Harper

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 1 Months, 14 Days

Color, W

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } N. W. Cor. of T. Wolfe & Eastern Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Eclampsia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 23

{ Undertaker, Henry Sander

{ Place of Business, 223 Canton Ave Address, 245 T. Williams

J. Williams M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 46297

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, July 21st 1881

Full Name of Deceased, Michael Milling

Sex, Male or Female, Male

Age, 67 Years,

Color, White Months, Days,

Married, Single, Widow or Widower, Single

Occupation, Retired Builder

Birthplace, Germany

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, Charles S. 266

Cause of Death, Apoplexy  
Congestion of Brain

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, Feb 24 1881

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave

Oscar J. Lantry M.D.,  
Medical Attendant.

Address, 188 N. Calver St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46298

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, February 21 1891

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick W. W. W.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number. } 253 N. Canal

Cause of Death, { First, (Primary.) } Scarlatina maligna  
{ Second, (Immediate.) } Paralytic cordis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Ch

Date of Burial, Feb 23 1891

{ Undertaker, Henry H. H.

{ Place of Business, 309 N. Central St } Address, 245 E. N. N.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46299

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb. 20. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 56 Years, Months, Days

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 625 A. Gay St.

Cause of Death, { First, (Primary.) Cerebral Hemorrhage  
Second, (Immediate.) Convulsions  
Three days

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green mount. C.

Date of Burial, 23 Febury 1881

{ Undertaker, Fry & Bro

{ Place of Business, 54 N Broadway

C. G. Busk M.D.  
Medical Attendant.

Address, 1 Balt. & Wash.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 22<sup>nd</sup> 1891

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Colborne

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years, Months, Days.

Color, White Sex, ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewife

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life except 20 years in Richmond Va

Place of Death, { Give street and number. } 54 East Fayette

Cause of Death, { First (Primary,) Paralysis  
Second (Immediate,) Asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Church

Date of Burial, Thursday Feb 24<sup>th</sup> 1891

Undertaker, John H P Weaver & Co

Place of Business, 122 N. Fayette St Address

Wm S. Spenner M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]



# Board of Health, City of Baltimore,

Permit No. 4630

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Feb 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } BB Hammel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 18 months

Place of Death, { Give street and number. } Orleans St. No 63

Cause of Death, { First, (Primary.) } Diphtheria  
 { Second, (Immediate.) } Vom with

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 23rd

Undertaker, Geo Schilling

Place of Business, Arkland Square

U G Mahon M.D.,  
 Medical Attendant.

Address, 138 E. E. St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Feb 22 - 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

James Stone BakerSex, Male or ~~Female~~, { cross out the word not required in this line. }

Age,

Years,

4

Months,

9

Days.

Color,

WhiteMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth.

Baltimore city

Duration of Residence in the City of Baltimore,

all life

Place of Death, { Give street and number }

403 Eutaw Place

Cause of Death

First, (Primary.)

Second, (Immediate.)

PneumoniaExhaustion4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Loudon Park

Date of Burial,

Feb 23<sup>rd</sup> 1881

W. B. Griffith M. D.  
Medical Attendant.

{ Undertaker,

N. W. Jenkins & Son

{ Place of Business,

75 & Charles St

Address,

262 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

and the Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 23rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annice L. Megue

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 49 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } One of the Counties of Maryland.

Duration of Residence in the City of Baltimore, nearly all her life

Place of Death, { Give street and number } 110 E. Fayette St

Cause of Death { First, (Primary,) Cancer of the Uterus  
Second, (Immediate,) anemia resulting from above

Duration of last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Feb 25th 1881

Undertaker, M. Claster

Place of Business, 64 E. Baltimore St Address, 86 E. Fayette St

G. O. Doherty - M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hammer

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 4 Years, 7 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Baltimore

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, No 204 Columbia St.

Place of Death, { Give street and number } No 204 Columbia St.

Cause of Death { First, (Primary.) Diphtheria  
Second, (Immediate) 5 days

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, February 23 1881

{ Undertaker, John Smith  
Place of Business, 206 Columbia St.

Address, W. S. Peart

W. S. Peart M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

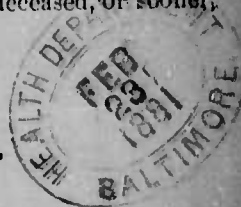
# Board of Health, City of Baltimore,

Permit No. 46305

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 22, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John A. Proff

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 5 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 264 S. Howard St

Cause of Death, { First, (Primary.) Pneumonia }  
{ Second, (Immediate.) }

Duration of Last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, February 23<sup>rd</sup> 1881

{ Undertaker, Wm. J. Tricker }  
{ Place of Business, 65 S. Eutaw St } Address, 146 Howard St

Medical Attendant, Wm. J. Tricker M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 46306

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

Feb 22nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm Arnold

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 8 Years, Months, Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Single

Occupation,

Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Irish Born

Duration of Residence in the City of Baltimore,

7 or 8 years

Place of Death, { Give street and number. }

7 Astor St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

diphtheria  
& 2 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Placid

Date of Burial, Feb 23rd 1881

Geo A D Clark M.D.,  
Medical Attendant.

Undertaker, J H Leonard & Son

Place of Business, 782 W Baltimore Address, 688 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



Permit No. 46307

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Feb 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

David Leyshon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Copper Smelter

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

South Wales

Duration of Residence in the City of Baltimore,

28 years

Place of Death, { Give street and number. }

20 Hull St. Locust Point

Cause of Death, { First, (Primary.) }

Cancer of Stomach

Second, (Immediate.)

Duration of Last Sickness,

2 mos.

All the above information should be furnished by the Physician.

Place of Burial,

W. Camel Green

Date of Burial,

February 27<sup>th</sup> 1881

Undertaker,

M.A. Wain

Place of Business,

44 S. Broadway

Address,

117 S. Broadway

R. W. Mansfield

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

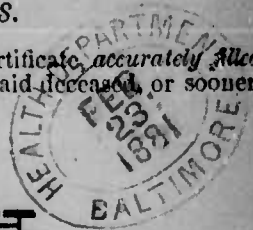
# Board of Health, City of Baltimore,

Permit No. 46308

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb. 22. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Merry,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 9 Years, 3 Months, 19 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ☒ Single

Occupation, Balt. Med.

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 212 Gough St.

Cause of Death, { First, (Primary.) Diphtheria  
Second, (Immediate.) Asphyxia  
Tendons. }

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, February 24. 1881

Undertaker, M. A. Daigner

Place of Business, 74 S. Broadway

Address, Balt. & Wash. Co.

C. C. Burk M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *Feb. 22d 1881. 3.20 P.M.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sophie Harley*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *about 58* Years, Months, Days.

Color, *White* Sex, *Married*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *✓*

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Balto. City Jail*

Cause of Death, { First (Primary,) *Alcoholic Poison*  
Second (Immediate,) *Tropical Effusion*

Duration of Last Sickness, *one day*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *February 23<sup>d</sup> 1881* *O. P. Hoffman* M. D.  
Medical Attendant.

{ Undertaker, *Wm Weaver*

{ Place of Business, *No 202 N. Eutaw St* Address *Balto City Jail*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb-19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Wisher

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Seventy five Years, — Months, — Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Norfolk Va

Duration of Residence in the City of Baltimore, Twenty five Years

Place of Death, { Give street and number } 1010 Calverton St

Cause of Death, { First, (Primary.) } Old age  
{ Second, (Immediate.) } Exhaustion

Duration of last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 22nd 1881

{ Undertaker, William N. Dungey

{ Place of Business, 1062 East St Address, 1152 Gay St

Whitfield Winery M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

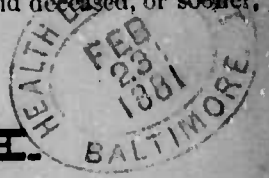
# Board of Health, City of Baltimore,

Permit No. 46311

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb. 22 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lily Jordan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 Years, 3 Months, — Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Care of Hotel of Lincoln

Cause of Death, { First, (Primary.) Scarlet fever }  
{ Second, (Immediate.) Paralytic cord. }

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Feb. 24

{ Undertaker, Henry Sander

{ Place of Business, 252 Canton Ave. Address, 245 S. Baltimore

W. H. Jones M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

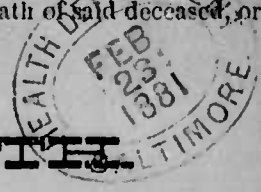
[OVER.]

Permit No. 46312

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb. 22, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Guldenpfennig

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 3 Months, 2 Days.

Color, ✓

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give street and number. } No 107 N. Hope St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Burn by hot water

Duration of Last Sickness, 20 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 24

{ Undertaker, John Henning Place of Business, 382 Calver St }

Address, 347 N. Broadway

M. D. White, M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 23, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Blanche L. Switzer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 5 Months, 10 Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 309 Mulberry St. Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 251 Dolphin St. Balt

Cause of Death, { First (Primary,) Second (Immediate.) } Diphtheritis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, London Park James S. Fells M. D.

Date of Burial, Feb 24 Medical Attendant.

{ Undertaker, J. J. Chalmers Address 134 Pearl St. }  
{ Place of Business, 341 Penna av }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Edward W. Diukelman

Sex, Male or Female, { cross out the word not required in this line. }

Male

Age, 10 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore  
Life

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

No. 80 Penna. Avenue

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Scarlatina Maligna  
Three (3) days

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 24<sup>th</sup>

{ Undertaker, W. V. Rodell

{ Place of Business, 122 N. Greene

Louis W. Knight M. D.  
Medical Attendant.

Address, 112 N. Greene

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

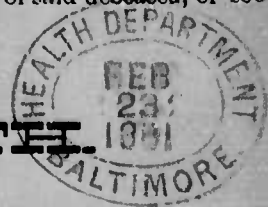
# Board of Health, City of Baltimore,

Permit No. 46318

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

Feb. 22, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Nashburn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

21 Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt City

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give street and number. }

280 McDougall St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Pneumonia, Diphtheria  
Paraplegia Cerebral Spinal  
Meningitis about 3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Thursday Febry 24, 1881

{ Undertaker, Henry Horek

{ Place of Business, N. Central Ave

A. M. White, M.D.,

Medical Attendant.

Address, 317 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 46316

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Butler

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 66 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bavaria, Ger.

Duration of Residence in the City of Baltimore, 29 yrs.

Place of Death, { Give street and number. } 419 E. Ave

Cause of Death, { First, (Primary.) Hypertrophy of the Heart. Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 24th 1881

Undertaker, M. France

Place of Business, 280 Canton Ave

Address, S. W. Colver & Keck

Medical Attendant, John F. Mummery, M.D.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 23

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Courroy

Sex, Male or Female, { cross out the word not required in this line. }

Age, 19 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } House of the Good Shepherd

Cause of Death, { First, (Primary.) Second, (Immediate,) } Pulmonary Consumption

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 24<sup>th</sup>

J. B. Cook Undertaker, Chris F. McPherson Medical Attendant.

707 W. Balto Place of Business, 283 W. Lombard Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WEL, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[074R.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feby 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mildred Carrington

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 45 Years, — Months, — Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Teacher

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Arkansas

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and number. } St. Vincent's Hospital

Cause of Death, { First (Primary), Second (Immediate), } Spinal irritation & Nephritis  
Dropsy

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician

Place of Burial New Cathedral

Date of Burial 24<sup>th</sup> Feby 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

Address 144 Mulberry St.

J. H. Butler M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 416319

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 22<sup>d</sup> / 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Franz Henning

Sex, Male or Female, { cross out the word not required in this line. }

Age, 65 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Letter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 - 40 years

Place of Death, { Give street and number } Gay & Washington Sts

Cause of Death, { First, (Primary.) Second, (Immediate.) } Typhoid Pneumonia  
acute Oedema of Lungs

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, 24<sup>th</sup> Feb

Undertaker, Herrn

Place of Business, 385 Orleans St Address, \_\_\_\_\_

G. Lieberman M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 23/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Smith

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 44 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Howard Co Md

Duration of Residence in the City of Baltimore, 1

Place of Death, { Give street and number } 642 N. Lexington St

Cause of Death { First, (Primary,) Urgemic Convulsions  
Second, (Immediate,) See Weeks

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, New Calverton

Date of Burial, 25 February H. S. Spear M. D.  
Medical Attendant.

Undertaker, J. B. Coole (1881)

Place of Business, 707 Balton Address, 387 N. Lombard St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 23rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isa M. Thomas

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 2 Years, 4 Months, ✓ Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } No 80 Wilhelm St.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 80 Wilhelm St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlet Fever.

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 24' 1881 Edward D. Hara M. D.

Medical Attendant.

{ Undertaker, J. B. Cook

{ Place of Business, 707 W. Baltimore St. Address, 248 W. Lombard St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 22 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Montgomery

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 11 Years,  Months,  Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number } 109 N. Chester st

Cause of Death { First, (Primary.) Cerebral spinal meningitis  
Second, (Immediate.)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Church

Date of Burial, Feb 24 1881

Undertaker, Wm. Dippel

Place of Business,  Address, P. J. Gausch M. D.

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 2.28.81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna May Fairbanks

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 5 Months, 19 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 5 1/2 yrs

Place of Death, { Give street and number } 49 S. Gilman

Cause of Death { First, (Primary,) Intracerebral meningeal  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 29 1881

{ Undertaker, John S. Mochan

{ Place of Business, 1150 Camden St

Will Eastman M. D.  
Medical Attendant.

Address, 349 Lehigh

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 23<sup>rd</sup> Feb

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Victory

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 63 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Retired Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } 136 Park Avenue

Cause of Death, { First, (Primary.) Chronic Bronchitis  
Second, (Immediate,) Phthisis }

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 25<sup>th</sup> Feb. 1881 Geo. L. Brewer M. D.  
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles Address, 258 W. Fayette St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 23

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Brown

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 40 Years, 9 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Policeman

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number } 101 Hill St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis Pulmonalis

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, February 25<sup>th</sup> J. C. Burch M. D. Medical Attendant.

Undertaker, Wm. J. Pickner

Place of Business, 65 S. Eutaw St Address, 151 Hill St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore

Permit No. 46326

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 23, 1881,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matilda Guithrude Parlett

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, One Years, Five Months, Four Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 589 W. Lombard St.

Cause of Death, { First, (Primary.) Compression of Brain from fall  
Second, (Immediate.) Convulsions

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 25, 1881, J. L. Litchman M.D., Medical Attendant.

{ Undertaker, A. N. Leonardson

{ Place of Business, 712 N. Baltimore Address, 584 W. Regent St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *Wednesday Feb 23rd 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ann Smith*

Sex, Male or Female, { cross out the word not required in this line. } *Male*

Age, *50* Years, *3* Months, *10* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *Employed in a Paper Mill*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number } *12 Harbor St*

Cause of Death { First, (Primary.) *Choking caused by Compound Contaminated*  
Second, (Immediate.) *+ complicated fracture of Humeral & Scapula with probable rupture of lungs. The death occurring 24 hours after the accident.*

Duration of last Sickness, *Immediate Cause of death was shock*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Feb 24th 1881*

Undertaker, *Wm. N. Dungee*

Place of Business, *No 62 East St*

Address, *25 1/2 Greenmount Ave*

*William D. Dungee* M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 4.6.3.28.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 24th 1881

{ Undertaker, Geo. H. Perkins Jr. & Co.

{ Place of Business, 120 Henrietta St. Address, 206 Sharp St.

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46329

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

February 23<sup>rd</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary E. Smith

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

9

Years,

11

Months,

24

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

40 Peach Alley

Cause of Death,

{ First, (Primary.) }

Pneumonia

{ Second, (Immediate.) }

Pneumonia

Duration of Last Sickness,

ten days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Feb. 25<sup>th</sup> 1881

J. A. Beall

M.D.,

Medical Attendant.

{ Undertaker,

Geo W. Perkins Jr & Co

{ Place of Business,

130 Hennetash

Address, 161 So - Thurgate St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Feb 22<sup>nd</sup> 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Harriet Lewis Heath

Sex, Male or Female, { cross out the word not required in this line. }

Age, *middle age* (Years, *about 32*)

Months,

Days.

Color, *W*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Harford Co. Md

Duration of Residence in the City of Baltimore,

*about 8 years*

Place of Death, { Give street and number }

306 Hoffman St

Cause of Death { First, (Primary.)

*Probably cancer of stomach*

Second, (Immediate.)

Duration of last Sickness,

*2 years*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Feb 24<sup>th</sup> 1888*

*W. Winslow*

M. D.

Medical Attendant,

Undertaker, *Thos J. Beck*

Place of Business, *73 Jefferson St*

Address, *201 W. Biddle St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

M. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *23<sup>rd</sup> of February 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles Dunlap*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *37* Years, Months, Days.

Color, *White* Sex, *Male*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation, *Merchant*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Connecticut*

Duration of Residence in the City of Baltimore, *37 years*

Place of Death, { Give street and number. } *249 Saratoga St.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Old age*  
*Paralysis of the heart*

Duration of Last Sickness, *Sudden*

All the above information should be furnished by the Physician.

Place of Burial, *New Mount Cemetery* *Morris Wiener*

Date of Burial, *Feb 25<sup>th</sup> 1881* M. D. Medical Attendant.

{ Undertaker, *W. H. H. H. H. H.* Address *319, W. Fayette St.*  
Place of Business, *W. H. H. H. H. H.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46332

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb. 23<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Josephine Waetge

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Four Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Star Line, Lawrence Co. Ohio

Duration of Residence in the City of Baltimore, Five weeks

Place of Death, { Give street and number. } 312 Hanover St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Croupal Diphtheria  
Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Febr. 25 81

{ Undertaker, Philipp J. Dice }

{ Place of Business, Columbia St 183 }

Dr. Lancy H. Barclay M.D.,  
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 46333

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Feb 23rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 Years,        Months,        Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laundress

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, { Give street and number. } 232 Hughes

Cause of Death, { First, (Primary.) apoplexy  
Second, (Immediate.) paralysis }

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Feb 25 Thomson M.D.,  
Medical Attendant.

{ Undertaker, Heracles Ross

{ Place of Business, 25 Donway St Address, 146 Waveren St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 46334

# Board of Health, City of Baltimore

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

Feb 23 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lama Slaughter

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, / Years,

6

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt - Mo

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

7 China St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Spinal Meningitis

Tetanus

Spinal disease continued

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, W. Sub-bemeter

Date of Burial, Feb 24 81

Undertaker, Fred A. Kerschner

Place of Business,

James A. Allen, M.D.,  
Medical Attendant.

Commissioner of Health  
Address, Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

By Jos V. McPatrick

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46335

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 23 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Will H. Butler

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, 42 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, C

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Nurse

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pa

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } N. 30 Arthur

Cause of Death { First, (Primary.)  
Second, (Immediate.) } Paralysis

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 25 1881

Undertaker, John W. H. H. H.

Place of Business, #16 Adams St

Address, 28 M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 23<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Grace J. Menter

Sex, Male or Female, { cross out the word not required in this line. }

Female

Age, 1 Years, 8 Months, 24 Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

83 Patterson Ave

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number }

83 Patterson Ave

Cause of Death { First, (Primary,) Second, (Immediate,) }

Chronic Membranous Croup

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 25<sup>th</sup> 1881

L. H. Jones

M. D.

Medical Attendant.

{ Undertaker, Chas. T. Scripps }

{ Place of Business, 271 N. Eutaw }

Address, Car. Preston and Y. Strickland

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]



Permit No. *116337*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

*February 24th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Henry Graves*

Sex, Male or Female, { Cross out the word not required in this line. }

*Male*

Age, *Fifty (50)* Years,

Months, *Sixteen (16)* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

*Married*

Occupation,

*Builder*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Germany*

Duration of Residence in the City of Baltimore,

*30 years*

Place of Death, { Give street and number. }

*211 Cornhill Street*

Cause of Death, { First, (Primary.) Second, (Immediate.) }

*Vascular Eruptive*

*Scabies*

Duration of Last Sickness,

*Eight (8) weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Bell Cemetery*

Date of Burial, *February 26th 81*

*Wm. L. Brown* M.D.,

Medical Attendant.

Undertaker, *John P. Smith*

Place of Business, *101 N. Gay St.*

*Address, 101 N. Gay St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 46338

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2/24 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Lewis

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 4 Years, 5 Months, 7 Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, { Give street and number } 111 York St

Cause of Death { First, (Primary,) Hooping Cough  
Second, (Immediate,) 5 weeks

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ashbury Cemetery

Date of Burial, Feb 23/24 1881

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

Address, 158 Cr Dintwistle

J. A. Gillies M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 23 / 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George W. Washington

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 26 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, Colored

Married, Single, Widow, or ~~Lower~~, { Cross out the words not required in this line. } don't know

Occupation, Convict

Birthplace, { State or country (and how long in United States, if of foreign birth.) } don't know

Duration of Residence in the City of Baltimore, one year

Place of Death, { Give street and number. } Maryland Penitentiary

Cause of Death, { First (Primary,) acute Second (Immediate,) Peritonitis }

Duration of Last Sickness, Four Days -

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, February 23

Undertaker, Patriot Mullin

Place of Business, \_\_\_\_\_

Medical Attendant, Silas Baldwin M. D.

Address, 152 Townsend St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

## Board of Health, City of Baltimore,

Permit No. *46340*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *February 25<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Edith A. Price*

Sex, Male or Female, { cross out the word not required in this line. } *Female*

Age, *8* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number } *No 31. N. Calhoun St*

Cause of Death { First, (Primary,) } *Malignant Scarlet fever*  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, *Four days*

All the above information should be furnished by the Physician.

Place of Burial *Green Mt Cemetery*

Date of Burial, *February 25<sup>th</sup> 81* *Jos. Lloyd Martin* M. D.

Medical Attendant.

Undertaker, *Demas D. Mitchell*

Place of Business, *650 N. Fayette* Address, *38 Mt. Vernon Place*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46341

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, February 23<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Hill

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 67 Years, — Months, — Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, hatter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 41 years

Place of Death, { Give street and number. } N. 28 Orleans Street

Cause of Death, { First, (Primary.) Cancer of the Stomach. Second, (Immediate.) Cachexia. }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 25<sup>th</sup> 1881

{ Undertaker, John Schacher

{ Place of Business, Pica's Landmark Address, 163 W. Suburban

Henry Salzer M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.



Date of Death, Feb - 24 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary - Mudgean

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 43 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number } 204 Mt-Farm Ave.

Cause of Death, { First, (Primary.) Brain Disease  
Second, (Immediate,) Paralysis }  
5 months

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 26 1881

Undertaker, James S. Byrne

Place of Business, No 63 N Front St

Address, \_\_\_\_\_

A. R. Auord M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 46343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, Feb. 24th 1881

Full Name of Deceased, Corulm M. Salchett  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { cross out the word not required in this line. }

Age, 7 17 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } East Shore Woodland

Duration of Residence in the City of Baltimore, 40 or 50 years

Place of Death, { Give street and number } 19 Clinton St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Primary on stroke

Duration of last Sickness, 17

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 26 1881

Undertaker, Matthew Cadenham

Place of Business, 227 Mulberry St

Address, 188 W. Myrtle St

M. D.

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 25<sup>th</sup> Feb - 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John L. Park

Sex, Male or Female, { cross out the word not required in this line. } Male.

Age, 72 Years, 11 Months, 15 Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married.

Occupation, Farmer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Papabona, Va.

Duration of Residence in the City of Baltimore, 4 months

Place of Death, { Give street and number } 36 Myrtle St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Nervous Exhaustion

Duration of last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Luray Page Co Va

Date of Burial, Feb 26 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

Address, 425 W. Fayette St.

Medical Attendant, )

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

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(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 46345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 23<sup>rd</sup> / 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant (Martha and Charles Countee)

Sex, Male or Female, { cross out the word not required in this line. } Female Parents

Age, only a few months Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 88 Harmony Lane

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 88 Harmony Lane

Cause of Death, { First, (Primary.) Second, (Immediate.) } Spraying solution

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, Feb 25<sup>th</sup> 1881

Undertaker, Samuel Chase

Place of Business, 88 Avenue

Address, 361 Franklin St

H. F. Hill M. D. Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[074R.]



Permit No. 46346

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death,

Feb 24 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William C Cooper

Sex, Male or Female,

Cross out the word not required in this line.

Age,

27

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Steward

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Scotland 11 years in US

Duration of Residence in the City of Baltimore,

11 years

Place of Death,

Give street and number.

57 South Frederick

Cause of Death,

First, (Primary.)

Intemperance

Second, (Immediate.)

Heart disease probably

Duration of Last Sickness,

Sudden death

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

Feb 25 1881

Edmund J Krulke M.D.,  
Medical Attendant.

Undertaker,

Henry W. Mears

Place of Business,

45 N. Gay St

Address, Jerome M P

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city; it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 23rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rubin Mathews

Sex, Male or Female, { cross out the word not required in this line. }

Age, 23 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Boat Black

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } No 7 Kimmel Alley

Cause of Death { First, (Primary.) Apoplexy  
Second, (Immediate.) 8 Days

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, July 24th 1881 W. B. Mount M. D.  
Medical Attendant.

Undertaker, W. H. Thomas

Place of Business, No 57 Kimmel Alley

Address, No 57 Kimmel Alley

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

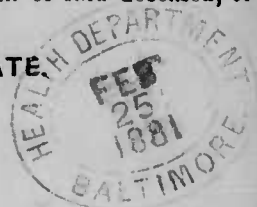
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Feb. 23 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisiana Anderson

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Two Years, Eight Months, Twenty-four Days.

Color, Colored Sex, female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } Parrish St

Cause of Death, { First (Primary,) Hooping Cough  
Second (Immediate,) Pneumonia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mark Cemetery

Date of Burial, Feb 25 1881

{ Undertaker, B. W. Chase  
Place of Business, 48 Howard St

Address 126 Mulberry St.

J. M. Jordan M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46349

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, February 24<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Parah Johnson & Lewis

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 5 Years, 3 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X X

Occupation, X X X

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 357 E. Baltimore St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Diphtheritic Group

Duration of Last Sickness, Called on Monday but sick several days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 26/81

{ Undertaker, } Wm. & Bro.

{ Place of Business, } 54 W. Broadway

Address, 79 E. Baltimore St.

Samuel E. D. D. M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46350

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 23 Feb 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eskar Dambmann

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 45 Years, 20 Months, eight Days.

Color, white

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. ) } Wiesbaden, Germany

Duration of Residence in the City of Baltimore, about 16 years

Place of Death, { Give street and number } 73 1/2 Mt. Calvary St

Cause of Death, { First, (Primary.) Disease of Heart, which causes infarction.  
Second, (Immediate,) Septicemia

Duration of last Sickness, died suddenly

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, February 22 1881 E. H. Tape M. D. Medical Attendant.

{ Undertaker, Wm Weaver

{ Place of Business, 4202 N. E. 1st St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46351

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 23<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Freeman Williamson

Sex, Male or Female, { cross out the word not required in this line. }

Male

Age, 57 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation, Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Cecil Co., Md.

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give street and number }

No. 40 Argyle Ave.

Cause of Death, { First, (Primary,) Second, (Immediate,) }

Bright's Disease  
Two Years

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, February 25<sup>th</sup> 1881

Wm. N. Knight

M. D.  
Medical Attendant.

{ Undertaker, Wm. Weaver

{ Place of Business, No. 202 N. E. Ave. Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No.

46352

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

February 24th 1881.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Christopher General

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

11 Years,

12 Months,

14 Days,

14 Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

233 E. Biddle St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Acute Allergicitis

Colic

Duration of Last Sickness,

One (1) week

All the above information should be furnished by the Physician.

Place of Burial,

St. Matthew's Ch.

Date of Burial,

February 25th 1881

{ Undertaker,

Henry H. H. H.

{ Place of Business,

301 E. Central St.

Address,

301 E. Central St.

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as follows: the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 46353

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb 24 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Perry Spencer

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 52 Years, Months, Days.

Color, Colored

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number. } In rear of 81 East St

Cause of Death, { First, (Primary.) } Accidentally stuck a nail in foot  
{ Second, (Immediate.) } Tetanus

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 25 1881 J. M. Allen M.D.,

{ Undertaker, A. Wayman

{ Place of Business, Saratoga St Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by J. P. Smith [OVER.]

# Board of Health, City of Baltimore,

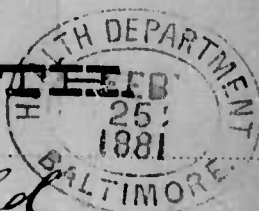
Permit No. 46354

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, February 22 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Gould

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 32 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Col

Married, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number. }

22 Union St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Consumption

Duration of Last Sickness, \_\_\_\_\_

4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 25 1881

{ Undertaker, Wm. H. Bishop Jr.

{ Place of Business, 97 Bond St. N. W.

W. H. Bishop Jr. M.D.,

Medical Attendant.

W. H. Bishop Jr.

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



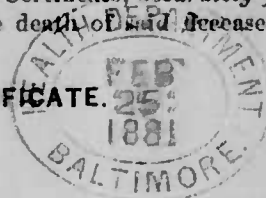
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46355*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, *Feb 22<sup>d</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James E. Fennell*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *29* Years, *nine* Months, *don't know* Days.

Color, *Mulatto* Sex, *Male*

~~Married~~, *Single*, ~~Widow~~ { Cross out the words not required in this line. }

Occupation, *Barber*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Vicksburg, Miss.*

Duration of Residence in the City of Baltimore, *26 years*

Place of Death, { Give street and number. } *58 Richmond St.*

Cause of Death, { First (Primary,) Second (Immediate.) } *Phthisis Asthenia*

Duration of Last Sickness, *2 months.*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *February, 25<sup>th</sup> 1881*

{ Undertaker, *Wm. H. Bishop Jr.* Place of Business, *497 Druid Hill Ave.* }

*J. Morris Murray* M. D. Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, Feb 21 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dennis Anderson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 28 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. } Not known

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Howard Co Md

Duration of Residence in the City of Baltimore, 2 months

Place of Death, { Give street and number } University Hospital

Cause of Death { First, (Primary,) Pyæmia  
Second, (Immediate,) 2 months

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Wes Pub Cemetery

Date of Burial, Feb 25/81

Undertaker, J. A. Reschner

Place of Business, 350 Carrollton Ave Address, University Hospital

W. E. S. M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 4635

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 24th, 1881

Full Name of Deceased, Henry Walter  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male  
Cross out the word not required in this line.

Age, 2 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single  
Cross out the word not required in this line.

Occupation, Clerk

Birthplace, Baltimore  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, 45 N. Charles St.  
Give street and number.

Cause of Death, Spasms  
First, (Primary.)  
 Second, (Immediate.)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 26th 81

Undertaker, M. France

Place of Business, 280 Canton Address, 244 N. Charles St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. *46358*

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *25<sup>th</sup> February 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Helene M<sup>e</sup> Cormack*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *45* Years, Months, Days.

Color,

Married, *Single*, Widow or ~~Widow~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Clonmas (Ireland)*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Asylum of the Little Sisters of the Poor*  
*Cor: John and Valley Street.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Phthisis Pulmonalis*

Duration of Last Sickness, *about three weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *February 27<sup>th</sup> 1881*

{ Undertaker, *Henry Scheltheis*

{ Place of Business,

*J. M. Brooke Boyle* M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 24th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Palmer

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, 45 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Eastern Shore Va

Duration of Residence in the City of Baltimore, Since 1870

Place of Death, { Give street and number } 34 Sarah Ann St 34 (inter alle.)

Cause of Death { First, (Primary,) Mitral Stenosis & regurgitation and aortic stenosis of heart  
Second, (Immediate,) as not known

Duration of last Sickness, 2 or 3 weeks  
All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26th 1881 H. Clinton McSherry M. D.  
Medical Attendant.

Undertaker, Sam'l W. Chase

Place of Business, 198 S. Howard St Address, Sumner B. Chapman

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 24th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Perry Reed

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Seventy one Years, Nine Months,  Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Formerly Waggoner, since, nothing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Kent county Maryland

Duration of Residence in the City of Baltimore, Fifty Years.

Place of Death, { Give street and number } 198. S. Howard St.

Cause of Death, { First, (Primary.) A general debility and Diabetes mellitus.  
Second, (Immediate,) Transition and Coma

Duration of last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Feb. 27th 1881

{ Undertaker, Wm. H. Chase

{ Place of Business, 95. N. Howard St. Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. EVLANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 26, 1891

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Brown

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number } 181 Ralrig

Cause of Death { First, (Primary,) Influenza of Throat  
Second, (Immediate,) about 6 mks

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Time of Burial, Feb 28 1891

Undertaker, Samuel H. Chase

Address of Business, 198 S. Howard

Address, 319

Wm E. Egan

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Sec 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to cause to be filed within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. A. CO. CITY PRINTERS AND STATIONERS.

[OVER.]

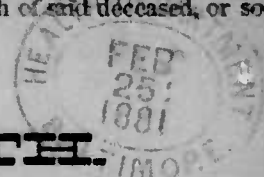
# Board of Health, City of Baltimore,

Permit No. 46362

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *and deceased*, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, February 25 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fanny L Gaham

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 19 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 141 N Eutan St

Cause of Death, { First, (Primary.) Abscess about spine & kidney  
Second, (Immediate.) uramic poisoning }

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Bonwill Brest

Date of Burial, Feb 26<sup>th</sup> 1881

Chas C Brown M.D.,  
Medical Attendant.

{ Undertaker, Andrews & Hodges

{ Place of Business, No 486 Daniel Hill Address, Annapolis

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No.

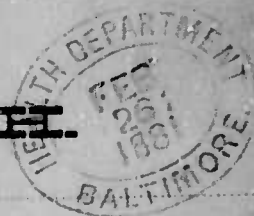
46363

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

July 24/81

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

W. W. Goldsborough

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

6 Months,

25 Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Balt. city

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

13 Platfoot-ally

Cause of Death,

{ First, (Primary.) }

Acute meningitis

{ Second, (Immediate.) }

Duration of Last Sickness,

12 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Co.

Date of Burial,

July 27/81

R. W. Mansfield M.D.,  
Medical Attendant.

{ Undertaker,

The H. S. S. S.

{ Place of Business,

301 Canton

Address, 117 S Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



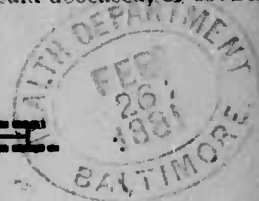
Permit No. *46364*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, *February 25<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Jane McLaughlin*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *71* Years, Months, Days.

Color,

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Herrmannagh (Ireland),*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Asylum of the Little Sisters of the Poor, Cor. John and Valley Streets,*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Heart Sickness Heart Disease*

Duration of Last Sickness, *Seven Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *February 27<sup>th</sup> 1881*

{ Undertaker, *Henry McElharris*

{ Place of Business,

*Wm. Brooke Doyle* M.D.,  
Medical Attendant.

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 25, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Hastings Hughes

Sex, Male or ~~Female~~, { cross out the word not required in this line. } male

Age, 2 Years, 6 Months,  Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Bacteriologist

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 257 San Antonio Street

Cause of Death { First, (Primary.) Suppurative meningitis  
Second, (Immediate,) Coma

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 26 # 1881 Hastings Hughes M. D.  
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St Address, of Mr. Arthur J.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

Permit No. *46366*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *3 5* Years,

Months,

Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Feb 26 1881*

{ Undertaker, *Henry W. Mears*

{ Place of Business, *45 N. Gay St*

*Eduard D. Drick* M.D.,  
Medical Attendant.

Address, *168 N. Calvert St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 25, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maydalena Lampman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 20 Years, 2 Months, 6 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 164 S. Bethel St.

Cause of Death, { First, (Primary.) Strangulated  
Second, (Immediate,) hernia. }

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, February 28<sup>th</sup> 1881.

{ Undertaker, Leonhard & Pears

{ Place of Business, S. Bond St. N. E. Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[974R.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Feb: 25<sup>th</sup>

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents }

John Myers

Sex, Male ~~Female~~

{ cross out the word not required in this line. }

Age,

63

Years,

Months,

Days.

Color,

White

~~Married, Single, Widowed~~

Widower

{ Cross out the word not required in this line. }

Occupation,

Grocer  
Ireland

Birthplace,

{ State or country, (and how long in the United States, if of foreign birth. }

34 years

Duration of Residence in the City of Baltimore,

No. 1. Hackett St.

Place of Death,

{ Give street and number }

Cause of Death

{ First, (Primary.)

{ Second, (Immediate.)

Bright's disease

Duration of last Sickness,

All the above information should be furnished by the Physician.

About 6 months

Place of Burial,

St Peters Cem.

Date of Burial,

Feb. 27. 1899

Undertaker,

J. B. Cook

Place of Business,

717 W. Baltimore St

Address,

2 Cathedral St

M. D.

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46369

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 24 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Zora Brantle

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years, 7 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer Employed in R.R.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md - 30

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number. } City Hospital

Cause of Death, { First, (Primary.) } Accidentally run over by R.R. car  
{ Second, (Immediate.) } Leg crushed shock hemorrhage

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb. 27 1881.

Edmund R. Walker M.D.,  
Medical Attendant.

{ Undertaker, Adam Weidemeyer

{ Place of Business, 518 1/2 W. Baltimore St. Address, Corner in P.D.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46390

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

Feb 25<sup>th</sup>

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Wm. L. Wilcox

Sex, Male ~~or Female~~,

Cross out the word not required in this line.

Age,

77

Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Nan

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Dorchester Co. Md

Duration of Residence in the City of Baltimore,

52 yrs

Place of Death,

Give street and number.

168 Chesnut St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia

Duration of Last Sickness,

about 6 days

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cem

Date of Burial,

February 27 / 91

Undertaker,

Wm. H. Hickman

Place of Business,

10 234 1/2 Gay St

Address,

Reggie Buckler

M.D.,

135 N Charles St

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46371

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Feb. 22nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lucie Rolox

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 83 Years,

Months,

Days.

Color,

Blk

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Dom

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

65 yrs

Place of Death, { Give street and number. }

150 S. Washington St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Old age

Duration of Last Sickness,

15 days

All the above information should be furnished by the Physician.

Place of Burial,

Dallas City

Date of Burial,

Feb. 26

R. W. Mansfield M.D.,  
Medical Attendant.

{ Undertaker,

J. P. Lark

{ Place of Business,

173 Jefferson

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 25<sup>th</sup> 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Frederica Wolfe

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 66 Years, 10 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, { Give street and number } 64 W. Liberty St.

Cause of Death { First, (Primary.) 13 yrs chronic Rheumatic arthritis  
Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 27<sup>th</sup>

{ Undertaker, H. Borman

{ Place of Business, 43 Carey St

Address, 108 Sharp St.

[Signature] M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

Permit No. 46373

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Feb. 25 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Valentine Schmidt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Fifty-nine Years, one Months, three Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Stone Cutter

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Raelbach - Baranica

Duration of Residence in the City of Baltimore, 43

Place of Death, { Give street and number. }

117 Saratoga St.

Cause of Death, { First, (Primary.) }

Purpura

{ Second, (Immediate.) }

Prostration

Duration of Last Sickness,

Five Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb. 24

Undertaker, Henry Borgman

Place of Business, 45 Clay St.

W. L. Riser

M.D.,

Medical Attendant.

Address, 87 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46374

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *July 23rd, 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Polchara*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *26* Years, *—* Months, *—* Days.

Color, *W*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *Systemian*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Wisconsin*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *Sch. Intrepid - Foot of Chester St.*

Cause of Death, { First, (Primary.) } { Second, (Immediate.) } *Pneumonia*

Duration of Last Sickness, *abt one week*

All the above information should be furnished by the Physician.

Place of Burial, *E. P. Cemetery*

Date of Burial, *February 26*

{ Undertaker, } *Patrick Mullin*

{ Place of Business, } *Address, 67 W. Balto St*

*Chas. M. Moxley M.D.,*  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *46375*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *February 25, 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Eugenia Randolph.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female.*

Age, *9* Years, *6* Months, *6* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *Life*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore.*

Duration of Residence in the City of Baltimore, *Life.*

Place of Death, { Give street and number. } *117 S. Paterson Park Ave.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Dentition.*  
*Gastro-Enteritis.*

Duration of Last Sickness, *6 Days.*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mt. Cemetery*

Date of Burial, *Feb. 27th 1881*

{ Undertaker, *Denny & Mitchell*

{ Place of Business, *65 S Broadway* Address, *227 Carrollton Ave.*

*over*

*J. F. Powell, M.D.,*  
*Medical Attendant.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the requirements of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 25 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James E. Garrison

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 9 Years, 9 Months, 7 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Blacksmith

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and number } 26 Smith St

Cause of Death { First, (Primary,) Teething  
Second, (Immediate,) Spasms

Duration of last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Signature of Physician, James E. Garrison

Date of Burial, Feb 27 Medical Attendant, Chris Fawcett M. D.

Undertaker, C. W. Blizzard

Place of Business, 207 Pear Address, 92 Market St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46377

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha. C. Pembroke,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Two Years, five Months,  Days.

Color, Colored,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 275 Means St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia (Catarrhal)  
Exhaustion,

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Leand Cemetery

Date of Burial, Feb 26<sup>th</sup> 1881

{ Undertaker, William N. Dwyer

{ Place of Business, No 62 East St

J. O. Charles M.D.,  
Medical Attendant.

Address, 208 N Broadway,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No.

46378

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Feb 27th 1881.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frederick W. Ginter

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

55

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Married

Occupation,

Musician

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

Seven 17 years

Place of Death,

{ Give street and number. }

216 - Stanford Ave

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Cerebral Extravasation

Paralysis Hemiplegia

Duration of Last Sickness,

Six weeks

All the above information should be furnished by the Physician.

Place of Burial,

Stell's Mausoleum Cemetery

Date of Burial,

Feb 28, 1881

W. S. Loun

M.D.,

Medical Attendant.

{ Undertaker,

Henry Hoeck

{ Place of Business,

309 Central Ave

Address,

For Engraving

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]





The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46380

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George S. Robinson

Sex, Male ~~Female~~, { cross out the word not required in this line. }

Age, 66 Years, 5 Months, — Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Engineer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Delaware

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number } No 23 N Eden St

Cause of Death, { First, (Primary.) Second, (Immediate,) } Apoplexy

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 28<sup>th</sup> 1881

Undertaker, M. A. Daiger

Place of Business, 74 W. Broadway Address, 121 E Balto St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 25<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elij. T. ~~Stan~~ Gallagher

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 73 Years, 5 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } York, Pa.

Duration of Residence in the City of Baltimore, 18 or 20 yrs.

Place of Death, { Give street and number } 355<sup>th</sup> Franklin St.

Cause of Death, { First, (Primary.) } Angina Pectoris  
{ Second, (Immediate,) } Three days

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, February 28<sup>th</sup> 1881 H. F. Hill M. D. Medical Attendant.

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw St. Address, 351 Franklin St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the requirements of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nathan J Johnson

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 5 Months, \_\_\_\_\_ Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, His entire life

Place of Death, { Give street and number } 88 Paca Alley Balto

Cause of Death { First, (Primary.) Second, (Immediate.) } Sum Cold  
Convulsion

Duration of last Sickness, Ill only one hour

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Feb 27<sup>th</sup> 1881

Undertaker, Chas E Scriven

Place of Business, 2711 Cutaw St

M Hamm M. D.  
Medical Attendant.

Address, 64 N Paca St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret A. Townsend

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, Forty nine Years, Five Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } No. 285 Franklin St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Sunday 27<sup>th</sup>

Undertaker, M E Chenoweth

Place of Business, 500 Penick St Address, 221 Barre St

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 26 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James A. Stewart

Sex, Male Male, { cross out the word not required in this line. }

Age, 66 Years, — Months, — Days.

Color, White

Married, Single, Widowed, Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } No. 7 S. E. Street

Cause of Death { First, (Primary,) Spinal Irritation  
Second, (Immediate,) Disease of the Brain

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Mar 11 1881 Thomas Shearer M. D.

Medical Attendant.

{ Undertaker, The E. E. Baker  
Place of Business, 60 E. Baltimore Street, W. A. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]





Permit No. 46386

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

July 26 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Catherine Ludwig

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

54

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Widow

Occupation,

Housewife

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore,

40 years

Place of Death,

Give street and number.

Rear of 1712 Regester St

Cause of Death,

First, (Primary.)

Burned over almost the entire surface

Second, (Immediate.)

Collapse

Duration of Last Sickness,

6 hours

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul's Cem.

Date of Burial,

July 27 1881

M.D.,

Medical Attendant.

Undertaker,

Henry Lindner

Place of Business,

252 Lombard Ave.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 4638

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, February 25, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Mahan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 39 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, { Give street and number. } 22 Burk St. Leanside

Cause of Death, { First, (Primary.) Phthisis Pulmonalis }  
{ Second, (Immediate.) }

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Feb. 28, 1881

{ Undertaker, Henry Sander }

{ Place of Business, 255 Canton Ave } Address, 277 E. Baltimore St.

James E. D. M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to Part of Diseases on Page of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

William O. Gray, Feb. 25<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William O. Gray

Sex, Male or Female, { cross out the word not required in this line. }

Male

Age, 6 Years, 5 Months, 20 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

56 Cumberland St.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number }

56 Cumberland St.

Cause of Death { First, (Primary.)

Slight fever

{ Second, (Immediate.)

Dropsy

Duration of last Sickness,

9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial,

27<sup>th</sup> Feb

J. W. Harris

M. D.

Medical Attendant.

{ Undertaker, Frederick Wiegand

{ Place of Business, 166 Druid Hill Ave

address, Con. Stuckey & Pustum

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 2. 26. 81

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Greenbury Parker

Sex, Male or Female, (cross out the word not required in this line.)

Age, 22 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Blk

Married, Single, Widow or Widower, (Cross out the word not required in this line.)

Occupation, Optic Shuckew

Birthplace, State or country, (and how long in the United States, if of foreign birth.) Balto

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, Give street and number 13 Howard St

Cause of Death, First, (Primary.) Peritonitis  
Second, (Immediate.)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, Feb 27th 1881 W. D. Medical Attendant.

Undertaker, Geo W Perkins

Place of Business, 130 Henrietta St Address, 349 Leech

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. E. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No.

46390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 25 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. F. O'Brien

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, 7 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City of Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 144 Hennon St

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 4 or 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, February 27th

Undertaker, Wm. G. Fickner

Place of Business, 65 S. Eutaw Address, 144 Hennon St

attended at first by Dr. Blake

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER]



The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 24<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Ann Boston

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 Years, 3 weeks Months, 1 Days.

Color, 25

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 91 Jasper St

Cause of Death { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 27 1887

Undertaker, H. M. S. Co. Maclachlan

Place of Business, 116 Orchard St

Address, 201 W. Biddle St

R. Winslow M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *46892*

Office of Registrar of Vital Statistics.

The Physician who attended a person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

*February 23, 1888*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Julian Dempsey*  
*Male*

Sex, Male or Female.

Cross out the word not required in this line.

Age,

*25*

Years,

Months,

Days.

Color,

*White*

Married, Single, Widower or Widow.

Cross out the word not required in this line.

*Single*

Occupation,

*Express Agent*

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Baltimore, Md*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death,

Give street and number.

*610 W. Baltimore St*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Pulmonary Consumption*

Duration of Last Sickness,

*1 year*

All the above information should be furnished by the Physician.

Place of Burial,

*Old Cathedral*

Date of Burial,

*Feb 27th 1888*

*Thomas Opie*

M.D.,

Medical Attendant.

Undertaker,

*Joseph F. Byrne*

Place of Business,

*59 N. Liberty*

Address,

*581 Lexington*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

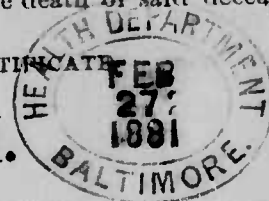
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, February 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Engelbach

Sex, Male or Female, { cross out the word not required in this line. }

Age, six Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 112 S. Centre St.

Cause of Death { First, (Primary.) Diphtheria  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park Cemetery

Date of Burial, February 28 John Morris M. D.  
Medical Attendant.

{ Undertaker, B. H. H. H.

{ Place of Business, 82 W. 12<sup>th</sup> St. Address, 3 Franklin St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46354

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, February 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Engelbach

Sex, Male or Female, { cross out the word not required in this line. }

Age, 12 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 112 S. Euterio St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Diphtheria

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Leather Park Cem.

Date of Burial, February 28 John Morris M. D. Medical Attendant.

Undertaker, B. H. Hall

Place of Business, 42 West 14<sup>th</sup> Address, 5 Franklin St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46355

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

Feb 26, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Green

Sex, Male or Female,

Cross out the word not required in this line.

Age,

29

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Bath

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

296 Johnson St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Purpura ful

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Mary's Cemetery

Date of Burial,

February 28

Residence

M.D.,

Medical Attendant.

Undertaker,

B. Hurd

Place of Business,

82 West St.

Address,

146 Duross

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

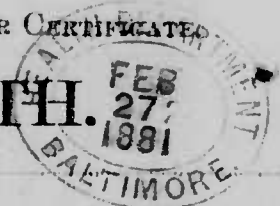
Permit No. 46396

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, Feb 25, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jm Parsons

Sex, Male or Female, { cross out the word not required in this line. }

Age, 55 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Carpenter.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and number } 108 Pine St.

Cause of Death { First, (Primary.) Phthisis  
Second, (Immediate.) Phthisis Hemorrhage  
Duration of last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, Feb. 27 1881 W. R. Morgan M. D. Medical Attendant.

Undertaker, J. B. Blackman & Son

Place of Business, 22 S. Carey Address, 175 Soro bya St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46397*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

*February 26 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Robt. Colbert*

Sex, Male or Female,

Cross out the words not required in this line.

Age, *28*

Years,

Months,

Days

Color,

*Colored*

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

*Single*

Occupation,

*Seaman*

Birthplace,

(State or country (and how long in United States, if of foreign birth.)

*Not Known*

Duration of Residence in the City of Baltimore,

*3 years*

Place of Death,

(Give street and number.)

*Maryland Penitentiary*

Cause of Death,

First (Primary),

*Scrophulous*

Second (Immediate),

*Consumption*

Duration of Last Sickness,

*Two years*

All the above information should be furnished by the Physician.

Place of Burial,

*C. P. Cemetery*

Date of Burial,

*February 26*

Undertaker,

*Patrick Mullin*

Place of Business,

*Silas Baldwin* M. D.

Medical Attendant.

Address, *152 Iron and St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,  
Permit No. 46398 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, February 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jm Gayley Leamy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 24 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Baltimore City

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Marasmus

Second, (Immediate.) Convulsions

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 28<sup>th</sup> 1881

Undertaker, Peter Krumm

Place of Business, 317 Muller St

W. H. Regester M.D.,  
Medical Attendant.

Address, Mrs. Fayette D. Leamy

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 26<sup>th</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Helen L. Caspar

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 8 Months, 4 Days.

Color, White Sex, \_\_\_\_\_

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto - City -

Duration of Residence in the City of Baltimore, Life -

Place of Death, { Give street and number. } N.W. corner Carey Harbor av -

Cause of Death, { First (Primary,) Second (Immediate,) } accident from Burning -  
Exhaustion -

Duration of Last Sickness, 3 days -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co R. H. Goldsmith M. D.

Date of Burial, Feb 28 Medical Attendant.

{ Undertaker, R. H. Haggard Address S. E. corner Harbor av -  
{ Place of Business, 201 Pine St and Calhoun St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46400

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Feb. 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Louis Feilberg sr

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

6

Years,

11

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balti City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give street and number. }

124 Gough St

Cause of Death, { First, (Primary.) }

Diphtheria

Second, (Immediate.)

Asthenia

Duration of Last Sickness,

one day

All the above information should be furnished by the Physician.

Place of Burial, Eden H. Heberer Cemetery

Date of Burial, Febr 28<sup>th</sup> 1881

Undertaker,

Wm. Cilaw

Place of Business,

101 Gough St

Address,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 26401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 26-1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Rebecca Stewart

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 25 Years, 3 Months, 24 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 85 Pearce St

Cause of Death { First, (Primary,) Tuberculosis Second, (Immediate,)

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 28<sup>th</sup> 1881 W. H. Jones M. D.

Medical Attendant,

Undertaker, W. H. Jones

Place of Business, 150 N. E. St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 26<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Abbott

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 16 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number } 344 Hanover

Cause of Death, { First, (Primary,) Spinal & Hip-disease with abscesses  
Second, (Immediate,) asthenia -

Duration of last Sickness, five months

All the above information should be furnished by the Physician.

Place of Burial, North Avenue

Date of Burial, \_\_\_\_\_

{ Undertaker, \_\_\_\_\_

{ Place of Business, \_\_\_\_\_

R. B. Fishburne M. D.  
Medical Attendant.

Address, Light & Crooks.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[0748.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46403.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, 69 Years, Months, Days.

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death { First, (Primary.) Second, (Immediate.) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Baile's Cemetery~~

Date of Burial, Feb 28/86 Roman Thayer M. D. Medical Attendant.

Undertaker, ~~Deccy Mitchell~~

Place of Business, 550 W. Fayette St. Address, 97 N. Charles St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 27th February 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Veronica Lauber

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 4 Years, 8 Months,        Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,       

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,       

Place of Death, { Give street and number } Perry Street 72

Cause of Death, { First, (Primary.) } Diphtheritis

{ Second, (Immediate,) } Paralysis of heart

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Church

Date of Burial, 28 February 1881

{ Undertaker, H. H. Hermann

{ Place of Business, 100 N. Gay St.

H. J. Reinhard M. D.  
Medical Attendant

Address, 224 West Fayette Street

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46405.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Seal

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 97 Years, 8 Months,  Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 233 Harford Avenue

Cause of Death { First, (Primary.) Old age  
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Catholic Burial Ground

Date of Burial, Feb 28 1881

Undertaker, E. A. Harman

Place of Business, 38 E. Pratt St

M. B. Billingslea M. D.  
Medical Attendant.

Address, 256 E. John St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. *46406*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *Feb 27 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sarah A Collins*

Sex, Male or Female, { Cross out the word not required in this line. } *7*

Age, *68* Years, Months, Days.

Color, *W*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *50 N Charles St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Protracted bad health - Hindrance Apoplexy*

Duration of Last Sickness, *Fatal Attack - On Wake*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*

Date of Burial, *March 1<sup>st</sup> 1881*

Undertaker, *W Jenkins Son*

Place of Business, *75 N Charles St* Address,

*Richard M. Murray* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 27<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Engelbach

Sex, Male or Female, { cross out the word not required in this line. }

Age, 4 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number } 112 S. Eutaw St

Cause of Death { First, (Primary,) Diphtheria  
Second, (Immediate,) 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Leueben Park Cemetery

Date of Burial, March 1 - 1887

John Morris M. D.  
Medical Attendant.

Undertaker, R. H. Hall

Place of Business, 82 West St. Address, 100 S. Franklin St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. 46408

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Sunday Feb. 26<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George BarnettSex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_Age, 45 Years, 16 Months, 12 Days.Color, ColoredMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } \_\_\_\_\_Occupation, LaborerBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.Duration of Residence in the City of Baltimore, During LifePlace of Death, { Give street and number } 25 N. Hall's St.Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis PulmonalisDuration of last Sickness, Two mos

All the above information should be furnished by the Physician.

Place of Burial, Samuel BennettDate of Burial, Feb 28<sup>th</sup> 1881 A. G. Shepherd M. D.

Medical Attendant.

Undertaker, Geo. J. LockePlace of Business, 73 Jefferson St. Address, 11 S. High St.

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb. 28, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna B. Pearson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 68 Years, 11 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and number } Co. Road & Central Ave.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Heart Disease  
Arteriosclerosis

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Feb. 28, 1881

{ Undertaker, Julius Haack

{ Place of Business, 240 S. Bond St. Address, None

A. R. Smith M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OV 44.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46,410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, February 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carmichael Tilghman

Sex, Male ~~Female~~, { Cross out the words not required in this line. }

Age, Eighteen Years, Five Months, eight Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Queen Annes County, Maryland

Duration of Residence in the City of Baltimore, Five months

Place of Death, { Give street and number. } 168 West Lombard St.

Cause of Death, { First (Primary), Second (Immediate), } Scarlatina (anginosa)  
Congrene. Diphtheria ✓

Duration of Last Sickness, Four weeks and five days

All the above information should be furnished by the Physician.

Place of Burial, Queen Annes County Md

Date of Burial, March 1<sup>st</sup> 1881

Undertaker, Jno H. Weaver & Co Address, 168 W Lombard St

Place of Business, 222 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transmit Permit No. 2082

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Friday Feb 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lyntha W. Ellman

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 65 Years,  Months,  Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Harford Co Md

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number } # 144 Harford Ave

Cause of Death { First, (Primary.) Shock to nervous system produced by the sudden death of a friend  
Second, (Immediate)

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 27th 1881

Undertaker, William H. Lange

Place of Business, 1662 East St Address, 1662 East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the following Regulations of the Board of Health, City of Baltimore.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46412*.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *February 27<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thomas F. Jones*

Sex, *Male* or ~~Female~~, { cross out the word not required in this line. }

Age, *24 years* Years, *8* Months, Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *clerk*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number } *No 209 Barre St*

Cause of Death { First, (Primary,) *Pulmonary tuberculosis*  
Second, (Immediate,) }

Duration of last Sickness, *2 years*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 1<sup>st</sup> 1881*

{ Undertaker, *Wm. Stuecher*, Medical Attendant, *J. H. Hurry* M. D.

{ Place of Business, *Poca & Camden*, Address, *76 Poca St*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No.

46413

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Feb 24, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sallie D. Watts

Sex, Male or Female,

Cross out the word not required in this line.

Age,

3

Years,

3

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Philadelphia Pa

Duration of Residence in the City of Baltimore,

1 year

Place of Death,

Give street and number.

386. Sharp St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Measles & Scarlet Fever

Edema & Congestion of the Lungs

Duration of Last Sickness,

6 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Annapolis

Date of Burial,

March 1, 1881

Thomas Coste M.D.,  
Medical Attendant.

Undertaker,

John Meacher

Place of Business,

16150 Camden St

Address,

146. H Avenue St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46.4.14.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *Feb 28th, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Eliza Tyson*

Sex, Male or Female, { cross out the word not required in this line. } *Female*

Age, *65* Years, Months, Days.

Color, *black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Widow*

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *one year*

Place of Death, { Give street and number } *one year 22 N Springel*

Cause of Death { First, (Primary.) *Paralysis*  
Second, (Immediate,) *4 months*

Duration of last Sickness, *4 months*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 1st/81*

Undertaker, *Geo Schilling*

Place of Business, *Ashland Square*

*W B Billingslea* M. D.  
Medical Attendant.

Address, *256 E John St*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46415

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Feb 27th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William T. Cook

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Phil: Penn:

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, { Give street and number. } St Joseph's Hosp City

Cause of Death, { First, (Primary.) Second, (Immediate.) } Indy Syphilis  
3 weeks

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia, Pa

Date of Burial, March 1

{ Undertaker, A. R. Bandell

{ Place of Business, York Road near Address, 1014 N. High

S. F. Coymen M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46, 4, 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Feb 26<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Elizabeth Harris

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Female

Age,

Years,

Months,

Days.

Color, *Caucasian*

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

12 months

Place of Death,

Give street and number.

590 Lyman St.

Cause of Death,

First (Primary).

Second (Immediate).

*Measles*

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Feb 28<sup>th</sup> 1881

Undertaker,

Wm. H. Dicks Jr.

Place of Business,

97 Druid Hill av.

Address

St. L. Calvert St. City

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *46 4.17*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *February 26<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Peter McQuincy*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *42* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Carter*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *30 years*

Place of Death, { Give street and number. } *No 2 N Dallas*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Arterio-Rheumatism*  
*Arterio-Pneumonic*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cem*

Date of Burial, *February 28<sup>th</sup> 1881*

Undertaker, *M. A. Dwyer*

Place of Business, *74 S. Broadway*

*Wm L. Russell* M.D.,  
Medical Attendant.

Address, *Broadway & Madison St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Leroy Simpson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 23 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number } No. 416 Orleans St.

Cause of Death, { First, (Primary,) Capillary Bronchitis  
Second, (Immediate,) "

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 1st 1881

Undertaker, M. A. Dwyer

Place of Business, 74 W. Broadway

E. P. Evans M. D.  
Medical Attendant.

Address, 406 E. Baltimore St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46.419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Feb 28 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gideon Cohen

Sex, Male ~~Female~~, { cross out the word not required in this line. }

Age, 27 Years, 4 Months, 23 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } N.E. Cor. Paer + Lombard

Cause of Death { First, (Primary.) Second, (Immediate.) } Consumption of lungs

Duration of last Sickness, three years

All the above information should be furnished by the Physician.

Place of Burial, Clayton Hebrew Cem.

Date of Burial, March 1 1881

J. E. Clayton M. D.  
Medical Attendant.

Undertaker, Mr. E. E. E.

Place of Business, 101 E. E. E. Address, 101 E. E. E.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

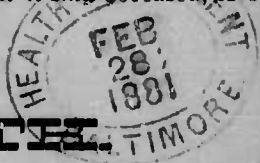
# Board of Health, City of Baltimore,

Permit No. 46420

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter C. Wiers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Ticket Agent

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 512 Davis St

Cause of Death, { First, (Primary.) Heart Disease - Phthisis pulmon probably  
Second, (Immediate.)

Duration of Last Sickness, Indefinite period

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Feb 28 1881 Edm. M. W. also M.D.,

{ Undertaker, James D. Byrne

{ Place of Business, No 63 N. Front St Address, Room 203

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46421

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

Feb. 23/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John. Murphy.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years,

Months,

Days.

Color,

White

Married, Single, Widowed, Widower, { Cross out the word not required in this line. }

Occupation,

Street Sweeper.

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Ireland.

Duration of Residence in the City of Baltimore,

24 years.

Place of Death, { Give street and number. }

32 N. Calumet St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Thrombosis in the Cerebellum  
Pressure in the Medulla Oblongata.  
2 Weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenview A. M. Cemetery

Date of Burial, Feb 28 1881

Edward P. McDevitt M.D.,  
Medical Attendant.

{ Undertaker, James P. Byrne

{ Place of Business, No 63 N. Front St

Address, 16 E. N. Calumet St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46422

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Feb 28, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucinda Gibson

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 57 Years, — Months, — Days.

Color, Black

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } ~~Married~~ Single

Occupation, —————

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, { Give street and number. } 408 Forest St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Asthma

Duration of Last Sickness, —————

All the above information should be furnished by the Physician.

Place of Burial, E. Public Bur.

Date of Burial, Mar 1 - 1881

{ Undertaker, D. Muller

{ Place of Business, —————

M.D.,  
Commissioner of Health  
Address, + Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Ex 5 Dr D. Muller

# Board of Health, City of Baltimore,

Permit No. 464.23.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, July 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Brooks

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 7 Years, 7 Months, — Days.

Color, red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

15 Parriok Alley  
Pennsylvania

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

4 Weeks

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lawrence Cemetery

Date of Burial, July 28/81

{ Undertaker, James J. Chalmon

{ Place of Business, Penna av

M.D.,  
Medical Attendant.

Address, Commissioner of Health & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Attest by Geo. E. Brown [over]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

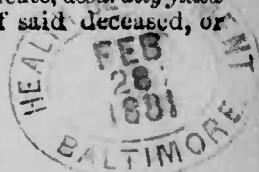
## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 464.24

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



### CERTIFICATE OF DEATH.

Date of Death, 27th. February 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josephine Princes

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 49 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bohemia, Austria

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number } N. Washington Street 123.

Cause of Death, { First, (Primary.) Second, (Immediate,) } Cerebromalaria

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Michael

Date of Burial, March 1st

Undertaker, Henry Bein

Place of Business, 252 Allician St. Address, S. Wolfer St. 117

William Hendel M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

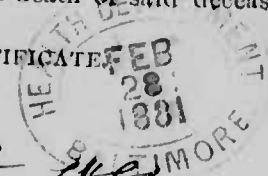
Permit No. *46425*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death,

*February 27 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Chas Reuver*

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, Months, Days.

*7* Years, *4* Months, *4* Days.

Color,

*White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

*Baltimore City*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death, { Give street and number }

*194 Columbia*

Cause of Death { First, (Primary.) Second, (Immediate.) }

*Catarrh Fever*

Duration of last Sickness,

*14 days*

All the above information should be furnished by the Physician.

Place of Burial, *Alphonsus Cemetery*

Date of Burial, *March 1 1881*

Undertaker, *Philipp S. Dill*

Place of Business, *183 Columbia Ave*

*D. P. Hoffman* M. D.  
Medical Attendant.

Address, *279 West Fayette*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

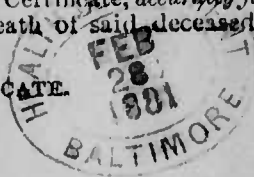
## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46 4 26

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



### CERTIFICATE OF DEATH.

Date of Death, Feb. 26 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jerry Johnson

Sex, ~~Male or Female~~, { cross out the word not required in this line. } Male

Age, Twenty four Years, Twenty four Months,        Days.

Color, Black

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Oystershucker & Whitewasher

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Cambridge, Dorchester Co., Md.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number } Ohio Ave 24

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis pulmonalis  
Asthenia

Duration of last Sickness, Nine Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28 - 1881 Wm Lombel M. D.  
Medical Attendant.

{ Undertaker, Geo W. Perkins

{ Place of Business, 130 Henrietta Address, 1708, Sharp St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46 4 27

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 27th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Martin Sveigert

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 Years, 2 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 243

Cause of Death, { First, (Primary,) Meningitis (Subacute)  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Carmel City

Date of Burial, March 1st

Undertaker, Mr. C. Froelich

Place of Business, 244 Eastern Ave. Address, 22 Lackawanna Place

Thomas J. Evans M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OT 4R.]

# Board of Health, City of Baltimore,

Permit No. 46428

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Feb. 27 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Odessa M. Barnes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 35 yrs Years, Months, Days.

Color, White Sex, Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } No 6 N. Howard St

Cause of Death, { First (Primary,) Ovarian & Abdominal Disease  
Second (Immediate,) Chronic Cystitis, & Ch. Scarbroia

Duration of Last Sickness, For past 6 or 7 years

All the above information should be furnished by the Physician.

Place of Burial, New Catholic Cemetery

Date of Burial, March 1

Undertaker, J. H. Cook

Place of Business, 707 W. 1st Bttn

Address, 87 Franklin St

R. F. A. Powell M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46429

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Ann Dean

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 22 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Charles Co. Md.

Duration of Residence in the City of Baltimore, Two Months

Place of Death, { Give street and number } 874 N. Pratt St.

Cause of Death, { First, (Primary.) } Fatal Malignant Dysphagia  
{ Second, (Immediate,) } 10 days

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Pine Grove Co. Md. by R. B.

Date of Burial, March 1<sup>st</sup> 1881 M. D.

Undertaker, J. F. Cook Medical Attendant,

Place of Business, 207 N. Pratt St. Address, 192 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANTY & CO. CITY PRINTERS AND STATIONERS.

Trans. 2086

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, February 27 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George W. Harrison

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. } Male

Age, 2 Years, 2 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } No 530 S. Charles St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Typhoid Malaria

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Feb 28 1881 C. S. Buddenbom M. D. Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Address, 16 S. Decat.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 464.31

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 28. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } America Jane Brooke

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 42 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, { Give street and number } 64 Columbia av

Cause of Death { First, (Primary.) Second, (Immediate.) } Severe cold  
Pulmonary Consumption Entertained

Duration of last Sickness, 13 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Mar. 2 - 1881

Undertaker, B. H. Hale

Place of Business, 82 West St.

W. Hammond M. D.  
Medical Attendant.

Address, 64 N. Paca St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46,432*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *February 28<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sophia Miller*

Sex, Male or Female, { cross out the word not required in this line. } *Female*

Age, *4* Years, *7* Months, *7* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *120* Days

Place of Death, { Give street and number } *No 120 S. Paca st*

Cause of Death { First, (Primary.) } *Spasms*  
{ Second, (Immediate.) } *1 day*

Duration of last Sickness, *1 day*  
All the above information should be furnished by the Physician.

Place of Burial, *Lyons Cemetery*

Date of Burial, *March 1, 81*

Undertaker, *Wm. Eilan*

Place of Business, *101. Brough st* Address, *164 S. Paca st*

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46,433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of *the deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb. 28th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Living Milton Francis Le Bon

Sex, *Male or Female*, { cross out the word not required in this line. }

Age, 9 Years, 8 Months, 13 Days.

Color, Gr

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } No. 3 Bartlett Street

Cause of Death { First, (Primary.) Second, (Immediate.) } Diphtheritic Croup

Duration of last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 2, 81 Chas. W. Yeft M. D. Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore Address, 306 W. Fayette St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No.

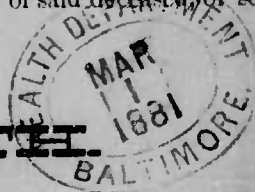
46434

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leonard Harr

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Foreman at Smith's oil Factory - 119 Smith's wharf

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany - many years

Duration of Residence in the City of Baltimore, many years

Place of Death, { Give street and number. } 119 Smith's wharf. Res 80 George St

Cause of Death, { First, (Primary.) } Suicide by hanging  
{ Second, (Immediate.) } neck dislocated

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Gen

Date of Burial, March 2<sup>nd</sup> 1881

Edmund S. Walker M.D.,  
Medical Attendant.

{ Undertaker, Chas. T. Scriven

{ Place of Business, 271 N. Eutaw St Address, Corner M & D

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46435

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Feb 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence Hill

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 1 Months, 21 Days.

Color, —

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 30 Oxford St -

Cause of Death, { First, (Primary.) }  
 { Second, (Immediate.) } Transition

Duration of Last Sickness, — See List

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Mch 1<sup>st</sup> 1881

Undertaker, Saml Chase

Place of Business, —

John A. Stearns M.D.,  
 Medical Attendant.

Address, Commission Station

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Geo. E. Brown [OVER.]



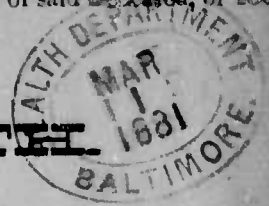
# Board of Health, City of Baltimore,

Permit No. **46436**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *February 25<sup>th</sup> 1881*

Full Name of Deceased, *Nathaniel Boddy* Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Male* or *Female*, Cross out the word not required in this line.

Age, *67* Years, *12* Months, *15* Days.

Color, *Colored*

Married, *Single*, *Widow* or *Widower*, Cross out the word not required in this line.

Occupation, *Mariner*

Birthplace, *Alexandria, Virginia* State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Forty Years*

Place of Death, *211 S. Butler St.* Give street and number.

Cause of Death, *Consumption* First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, *Two Years*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *March 1<sup>st</sup> 1881*

Undertaker, *Theo J. Locks*

Place of Business, *207 S. Broadway*

Medical Attendant, *Nicholas L. Dashiell M.D.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, Feb 27 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Henry Swann

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 21 Years, 4 Months, Days.

Color, Black Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Frederick Co Md

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, { Give street and number. } No 88 Moore St

Cause of Death, { First (Primary,) Phtisis  
Second (Immediate,)

Duration of Last Sickness, 14 Mo. ✓

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Home

Date of Burial, Mar 1 1881

Medical Attendant, G. F. Adams M. D.

{ Undertaker, Theo J. Locks  
Place of Business, 433 Jefferson St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } M. W. A. B. - Norcum

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 40 Years, 10 Months,        Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Physician

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Edenton, N. Carolina

Duration of Residence in the City of Baltimore, a few weeks

Place of Death, { Give street and number } St. Vincent's Hospital

Cause of Death, { First, (Primary.) Opium habit  
Second, (Immediate,) Internal congestion

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Edenton N. C.

Date of Burial, March 1<sup>st</sup> 1881

Undertaker, W. Jenkins & Son

Place of Business, 75 N. Charles Address, Balto -

J. D. McAlister, M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. *46 439*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *February 28 1881*

Full Name of Deceased, *Henrietta Mose*  
*Female*

Sex, Male or Female, *Female*

Age, *40* Years, *1* Months, *—* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, *Married*

Occupation, *—*

Birthplace, *Gorham, Pa*

Duration of Residence in the City of Baltimore, *19 years*

Place of Death, *No 109 N. High*

Cause of Death, *Phthisis Pulmonalis*

Duration of Last Sickness, *Six months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore*

Date of Burial, *March 2/81*

Undertaker, *J. & B. Co.*

Place of Business, *546 Broadway*

*A. P. P. Yeats* M.D.,  
Medical Attendant.

Address, *137 N. York St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Feb 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Clausen

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 6 Years, 13 Months, 13 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 57 Davis St.

Cause of Death { First, (Primary.) Pneumonia  
Second, (Immediate.) \_\_\_\_\_

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial Inf. Carmel

Date of Burial, March 1/81

Undertaker, Wm. B. Riggs

Place of Business, 37 1/2 Broadway

C. Eugene Riggs M. D.  
Medical Attendant.

# 57 Saratoga St.  
Address,

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

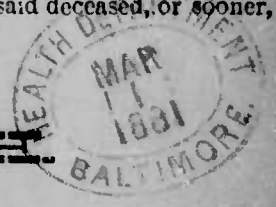
Permit No. 46441

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Feb 28/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles E. Cook

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, 1/2 yr

Place of Death, { Give street and number. } 540 Cross St.

Cause of Death, { First, (Primary.) Meningitis. Second, (Immediate.) Exhaustion }

Duration of Last Sickness, Ten weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 1/81

{ Undertaker, J. B. Cook }

{ Place of Business, 707 W. Baltimore St. Address, Dr. Fayette D. Cook, M.D., Medical Attendant. }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46442

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, February 27th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Louisa Lewis

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 7 Years, 1 Months, 10 Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~, or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 41, S. Ann St

Cause of Death, { First, (Primary.) } Diphtheria (Nasal form)  
{ Second, (Immediate,) }

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Goodman Park Cemetery

Date of Burial, March 1st 1881

{ Undertaker, M. A. Gaiger } Thomas J. Evans M. D.  
Medical Attendant.

{ Place of Business, 74 W. Broadway } Address, 22 Jackson Place

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46443

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, Feb. 18 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Elton

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 58 Years, — Months, — Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Librarian

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number. } 18 N. Chapel

Cause of Death, { First, (Primary.) Emphysema pulmonum  
Second, (Immediate.) Suppuration }

Duration of Last Sickness, 1 year  
All the above information should be furnished by the Physician.

Place of Burial, St. Ann's Cemetery

Date of Burial, March 1

{ Undertaker, Wm. H. Gifford

{ Place of Business, 12 E. Baltimore

Address, 12 E. Baltimore

J. H. M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 46444 **Office of Registrar of Vital Statistics.**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

**CERTIFICATE OF DEATH**

Date of Death, February 27

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alvinda Simmons

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, One Years, One Months, Fifteen Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 528 Croft St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Diphtheria  
Tubercular Meningitis

Duration of Last Sickness, A month

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, March 1st

{ Undertaker, John T. Roll }

{ Place of Business, 171 Hammond St } Address, 168 f. Macaulay

Mrs. J. B. Clark M.D.,  
Medical Attendant.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 1, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Miguel J. R. Sanchez

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 2 Years, 5 Months, 27 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Aviles, Spain -

Duration of Residence in the City of Baltimore, 17 months -

Place of Death, { Give street and number } # 14 N. Carey St -

Cause of Death { First, (Primary.) Tubercular meningitis  
Second, (Immediate,) coma -

Duration of last Sickness, 21 days -

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cemetery

Date of Burial, March 1<sup>st</sup> 1881

{ Undertaker, Wm B. Glick

{ Place of Business, No 707 N Baltimore Street Address, 215 N. Carrollton Avenue

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

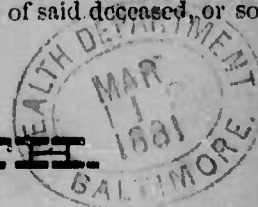
# Board of Health, City of Baltimore,

Permit No. 46446

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, February 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John T. Dickson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 44 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Liverpool Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } St. Joseph's Hospital

Cause of Death, { First, (Primary.) Chronic Bright's Disease }  
{ Second, (Immediate.) Uræmic Poisoning ✓

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, G.P. Cemetery

Date of Burial, February 28

{ Undertaker, Patrick Mullin }

{ Place of Business, }

Chas. B. Goldsborough M.D.,  
Medical Attendant.

P. and Surg. U.S. M.A.S.

Address, St. Joseph's Hospital

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

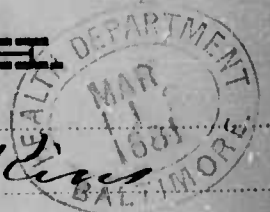
Permit No. *46447*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *July 25/81*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Mary Eliza Jenkins*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *2* Years, *6* Months, \_\_\_\_\_ Days.

Color, *Dark*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.

Occupation,

Birthplace, State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Ann*

Date of Burial, *Mar 1 - 1881*

Undertaker, *Par, Mullen*

Place of Business,

*J. G. Ward* M.D.,  
Medical Attendant.

Address, *127 St Paul St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 46448

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 1/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosetta Harris

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 2 Months, \_\_\_\_\_ Days.

Color, Light

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Convulsions

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Church

Date of Burial, Mar 1 1881

{ Undertaker, Pat. Mullen

{ Place of Business, \_\_\_\_\_

J. F. Ward M.D.,  
Medical Attendant.

Address, 127 St Paul St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH

Date of Death, Dec February 27 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Virginia Planter

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Three Years, Five Months,  Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number } No 12 Gilbert St Baltimore

Cause of Death, { First, (Primary) Phthisis  
Second, (Immediate), Hemorrhage }

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, March 1 1881 O. A. Thornton M. D.  
Medical Attendant.

Undertaker, As May move

Place of Business, 1113 Broadway Address, 9 Edmondson Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

(574R.)

# Board of Health, City of Baltimore,

Permit No. **46450**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

*Feb 27, 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Emma S. Deconan*

Sex, Male or Female,

Cross out the word not required in this line.

*Female*

Age,

*5* Years,

*3*

Months,

*5*

Days.

Color,

*White*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Baltimore City*

Duration of Residence in the City of Baltimore,

*Since birth*

Place of Death,

Give street and number.

*No. 192 E. Chappell St.*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Croup*

Duration of Last Sickness,

*One day, I saw her when she was dying*

All the above information should be furnished by the Physician.

Place of Burial,

*Old Cornet Cemetery*

Date of Burial,

*March 2th 1881*

Undertaker,

*Casper Eckhardt*

Place of Business,

*264 Canton Ave*

Address,

*W. E. Bulch* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. *46457*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *Feb. 27<sup>th</sup> 1880*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Margaretta Kohn*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *24* Years, *2* Months, *—* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *348 Orleans Street*

Cause of Death, { First, (Primary.) *febric parvorum* }  
{ Second, (Immediate.) *Exhaustion* }

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Carmel Cem.*

Date of Burial, *March 2<sup>d</sup> 1881*

{ Undertaker, *John Herwig* }

{ Place of Business, *382 Orleans* }

Address, *245 S. Baltimore*

*J. H. M.D.*  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 28<sup>th</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Janus Cochran

Sex, Male or Female, { cross out the word not required in this line. }

Age, 32 Years,

Months, Days.

Color,

White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

8 Years

Place of Death, { Give street and number }

University Hospital

Cause of Death { First, (Primary), Second, (Immediate), }

Phthisis  
Hemorrhage from Lung  
2 WEEKS

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 2 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

W. E. S.

M. D.

Medical Attendant.

University Hospital

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 3<sup>rd</sup> Month 1<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas B. Hand.

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 64 Years, 7 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married.

Occupation, Mechanic.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during his whole life

Place of Death, { Give street and number } 190 E. Fayette St.

Cause of Death { First, (Primary,) Consumption  
Second, (Immediate,) }

Duration of last Sickness, About 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Mar 4<sup>th</sup> 3<sup>rd</sup> 1881 W. Riley M. D.

Medical Attendant.

{ Undertaker, John Saper

{ Place of Business, 161 E. Baltimore St. Address, 306 Madison Avenue.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



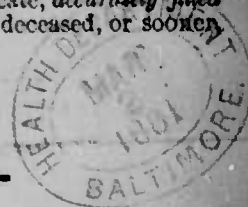
# Board of Health, City of Baltimore,

Permit No. 46457

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Febr. 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dorothea D. Spornwein

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 5 Months, — Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 57 Lancaster St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Apoplexy  
Sandwich cord

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel C.

Date of Burial, March 1<sup>st</sup> 1881

Undertaker, James Sander

Place of Business, 57 Lancaster St. Address, 245 E. Baltimore

Mathieu M.D.  
Medical Officer

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46453

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Feb. 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Gorwein

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Me

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Corn. Lancaster & Home

Cause of Death, { First, (Primary.) Second, (Immediate.) } Apoplexy  
Heart disease

Duration of Last Sickness, 5 days  
All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, March 2

Undertaker, Henry Sander

Place of Business, 252 Canton Ave Address, 245 S. Baltimore

Flathier M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

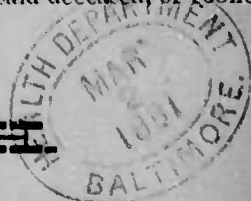
# Board of Health, City of Baltimore,

Permit No. 46456

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christina Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, One (2) Years, Nine (9) Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 401 N. Gay St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlatina Maligna

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, March 3rd

Undertaker, George Shilling

Place of Business, Monument Cemetery

Surplum M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 1<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Jennie Moore

Sex, Male or Female, { cross out the word not required in this line. }

Age, 22 Years, 11 Months, 14 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, House wife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bedford Pa

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, { Give street and number } 76 Park St

Cause of Death { First, (Primary,) Child birth

{ Immediate, } Unavoidable haemorrhage, attached placenta

Duration of last illness, about six hours

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, March 2<sup>nd</sup> 1881

Undertaker, John W. H. H. H.

Place of Business, Park & Fayette

Address, 82 Saratoga St.

Medical Attendant, T. A. Ashby M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

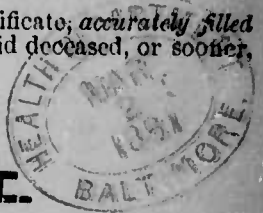
# Board of Health, City of Baltimore,

Permit No. 46458

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, February 28<sup>th</sup> - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Wilson

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 5 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, { Give street and number. } No 94 Sterling Street

Cause of Death, { First, (Primary.) } Scrofula  
{ Second, (Immediate.) } Meningitis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2: 1881

{ Undertaker, Wm. H. Hickman

{ Place of Business, 234 N Gay St

Medical Attendant, Wm. C. Russell M.D.,  
Address, Broadway & Madison St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46459

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, March 1st 88

Full Name of Deceased, Emma Blanch Plasm

Sex, Male or Female, Cross out the word not required in this line.

Age, 11 Years, 23 Months, Days.

Color, col

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, 83 Perce Ball

Duration of Residence in the City of Baltimore,

Place of Death, 83 Perce

Cause of Death, Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 3rd 1888

Undertaker, Hemby & Madigan

Place of Business, 116 Arch St

Address, 22

Medical Attendant, M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Mar 1 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip Scott

Sex, Male or Female, { cross out the word not required in this line. }

Age, 47 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, C

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Minister of the Gospel

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } Center St. 41

Cause of Death { First, (Primary.) Second, (Immediate.) } apoplexy

Duration of last Sickness, Two Hours

All the above information should be furnished by the Physician.

Place of Burial, New Ashbury Cemetery

Date of Burial, March 3 J. H. Patton M. D. Medical Attendant.

Undertaker, A. W. Chase

Place of Business, 8 Howard St Address, 77 Franklin

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore

Permit No. 46461

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, 12th. March. 1888.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augustus Williamson Bradford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Seventy five (75) Years, Months, Days.

Color, White.

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Lawyer & Statesman -

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Hartford Co. Maryland.

Duration of Residence in the City of Baltimore, about Forty-five years - in City & Co.

Place of Death, { Give street and number. } 415-9. Eutan Place Baltimore

Cause of Death, { First, (Primary.) Angina Pectoris. }  
 { Second, (Immediate.) Internal Hemorrhage - from same since been }  
 building for three years.

Duration of Last Sickness, about six months, although health has been building for three years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, March 3rd 1888

Undertaker, Stewart & Mowbray

Place of Business, 30 Park Ave Address, 47. Franklin St.

Medical Attendant, Mr C. M. Biehn M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46462

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 1<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lotta Streizer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 8 Months, 23 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number. } N 32 N Eden St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlet fever  
Blood Poisoning

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3<sup>rd</sup> 1881

Undertaker, Geo Schilling

Place of Business, Highland Square Address, 163 W Lombard St

Henry Salzer M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March -1-1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Kopp -

Sex, Male ~~Female~~, { cross out the word not required in this line. }

Age, 45 (about) Years, - Months, - Days.

Color, White

Married, Single ~~Widow~~ ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, Saloon-keeper -

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, about 15 yrs -

Place of Death, { Give street and number } 140 Pennsylvania Avenue

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phlebitis - (leg)  
Pulmonary Embolism -

Duration of last Sickness, Six days - (in bed)

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 8, 1886 C. C. McDowell M. D.  
Medical Attendant.

Undertaker, Walter Immel

Place of Business, 252 W. Pratt St. Address, 642 W. Fayette St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 28th Feb

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Arion Frank  
male

Sex, Male or Female, { cross out the word not required in this line. }

Age, 65 Years, 1 Months, 1 Days.

Color, White

Married, ~~Single~~ ~~Widow~~ ~~Widower~~ { Cross out the word not required in this line. }

married

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Bavaria

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, { Give street and number }

11 Aisquith St.  
Bright Disease

Cause of Death, { First, (Primary.) }

Second, (Immediate,)

Duration of last Sickness, about 10 months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. Hebrew Cemetery

Date of Burial, March 2nd 1887 M. D.

Medical Attendant.

Undertaker, Wm. Eilam

Place of Business, Jeff St.

Address, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to that of Diseases on Page 2 of this Form.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 1<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Phillips

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 53 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~ { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Annapolis, Md.

Duration of Residence in the City of Baltimore, Thirty Five Years

Place of Death, { Give street and number } Federal St, near Del Air Ave

Cause of Death { First, (Primary.) Second, (Immediate.) } apoplexy

Duration of last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Balt. City

Date of Burial, Mar. 1<sup>st</sup> 1881

Undertaker, D. D. Roseing

Place of Business, 97 Orleans Address, Del Air Ave

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46466

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 1<sup>st</sup> 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary R. Young

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 6 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 128 North St.

Cause of Death, { First, (Primary.) } Group  
{ Second, (Immediate.) }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2<sup>nd</sup> 81

{ Undertaker, H. Ross

{ Place of Business, }  
Address, Comm. of Health & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Ob. by L. V. City Clerk

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, July 28th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Dungan

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 58 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, { Give street and number } 48 O'Connell St

Cause of Death, { First, (Primary.) Bronchitis  
Second, (Immediate.) \_\_\_\_\_

Duration of last Sickness, About 6 mks - Had been diseased more or less for several years

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, March 2nd 1881 John Williams M. D.

Medical Attendant.

Undertaker, Mr. Francis

Place of Business, 280 Canton Ave Address, 17 Palmyra St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[0742.]

# Board of Health, City of Baltimore,

Permit No. *462468*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

*March 16*



Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*William Coovington*

Sex, Male or Female, { Cross out the word not required in this line. }

*Male*

Age, *3* Years,

*0*

Months,

*0*

Days.

Color,

*Dark brown*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

*Single*

Occupation,

*None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Baltimore*

Duration of Residence in the City of Baltimore,

*Three years*

Place of Death, { Give street and number. }

*No 61 Vincent Alley*

Cause of Death, { First, (Primary.) }

*Cold*

{ Second, (Immediate.) }

*Consumption*

Duration of Last Sickness,

*one month*

All the above information should be furnished by the Physician.

Place of Burial,

*Lavel Cemetery*

Date of Burial,

*March 3rd 1887*

*B F Bohrer*

M.D.,

Medical Attendant.

{ Undertaker,

*Saml. W. Chase*

{ Place of Business,

*198 S. Howard*

Address,

*cor Druid Hill av & Dolphin st*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46468

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, 28th Feb

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Douglas

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 65 Years, Months, Days.

Color, Cal

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give street and number. } 25 Little Monument St

Cause of Death, { First, (Primary.) Pulmonary Phthisis  
Second, (Immediate.) Exhaustion }

Duration of Last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 3rd 1887

{ Undertaker, Samuel W. Chase

{ Place of Business, 198 S Howard St Address, 197 Pearl St

W. W. Antine M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 1<sup>st</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Minchen

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 3 Years, 5 Months, 10 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } Single

Occupation, U. S. A

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } U. S. A

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 15 May St

Cause of Death, { First, (Primary.) Second, (Immediate,) } Malignant Scarlet Fever

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew Cemetery

Date of Burial, March 3. 1881

Undertaker, H. Hoffmann

Place of Business, 63 N. Eden St Address, 121 E. Baltimore St

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Wednesday March 2nd 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Child of Ruth Campbell

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, Months, 2 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Life time

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Life time

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } # 30 E. Ally

Cause of Death { First, (Primary.) Hemorrhage from the Umbilical Vein  
Second, (Immediate,) 4 hours

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 4 1888

Undertaker, Abraham Wapman

Place of Business, 13 Dorchester

Werner Buntow M. D.  
Medical Attendant.

Address, 25 1/2 Greenmount Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46472

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Carnish

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } Male

Age, 21 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 21 years

Place of Death, { Give street and number. } No 4 Welch al

Cause of Death, { First, (Primary.) Second, (Immediate.) } Psoas Abscess  
Asthma

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Leary Cemetery

Date of Burial, March 3rd 1881

{ Undertaker, Abraham Wymann }

{ Place of Business, 13 Saratoga St }

H. B. Dudgeon M.D.,  
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46473  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 2 = 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Wood =

Sex, Male or Female, { cross out the word not required in this line. }

Age, 38 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Virginia

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, One Year

Place of Death, { Give street and number } Church Lane, Baltimore

Cause of Death, { First, (Primary.) } Pulmonary { Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, March 3<sup>rd</sup>

Undertaker, Hendel Dippel

Place of Business, 151 Bond St. Address, Church Lane, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

# Board of Health, City of Baltimore,

Permit No. 46474

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Feb 28 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Maria Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, House Servant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Elkton Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 151 Raborg St

Cause of Death, { First, (Primary.) } Apoplexy. { Second, (Immediate.) }

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, March 3 1881

{ Undertaker, Mattam, Cadogan

{ Place of Business, 227 N. Liberty St Address, Corner

Alexander Tinsley M.D.,  
(Medical Attendant.)

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46475

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 2<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles St. Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 12 Years, 1 Months, 6 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Batte

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 250 E. Batte St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Malarial Fever  
Rupture of an Artery of the Brain

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, March 4<sup>th</sup> 1881

{ Undertaker, Place of Business, } M. A. Dwyer  
74 S. Bay

J. J. Groff. M.D.,  
Medical Attendant.

Address, 137 Union St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46476

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, 2d March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Wendel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 1 Months,  Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } Corner West & Bath and

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pseudo Membranous Croup  
Suffocation

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, 14 Mylans Rev. Amos

Date of Burial, May 4 Augustus Woodge M.D.,

Undertaker, B. Hays Medical Attendant.

Place of Business, 82 West Address, 207 Ocean St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Re. E. F. Pritchett

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 Years, 1 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Ball City

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 1 Mo & 16 Days

Duration of Residence in the City of Baltimore, 351 Hamburg St

Place of Death, { Give street and number } 351 Hamburg St

Cause of Death { First, (Primary.) Second, (Immediate,) } Inflammation of Brain  
1 week

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 4<sup>th</sup> 1881

Undertaker, Wm. H. Strong & Co.

Place of Business, 3 Light St Address, Hanover & Barr Sts

R. C. Lee M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 46478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, March 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margie K Park

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 21 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore, Don't know ✓

Place of Death, { Give street and number. } No 12, S. Dallas St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia Abscess

Duration of Last Sickness, 5 or 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Park Cemetery

Date of Burial, March 3 1881

Undertaker, P. Mueller

Place of Business, \_\_\_\_\_

Wm H. Morris M.D.,  
Medical Attendant.

Address, E. Chesapeake

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *2<sup>nd</sup> of Mch 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant named, give names of parents. } *Jessie Ford*

Sex, *Male* or Female, { Cross out the word not required in this line. } *Female*

Age, *58* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White* Sex, *Single*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *23 S Broadway*

Cause of Death, { First (Primary,) Second (Immediate,) } *Consumption*

Duration of Last Sickness, *1 year*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mt Cemetery*

Date of Burial, *March 4<sup>th</sup> 1881*

*E. M. Corbitt, M. D.*  
Medical Attendant.

{ Undertaker, *Denny & Mitchell* Address *340 E. Baltimore*

{ Place of Business, *65 S Broadway*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46480

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 1<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carrie May Booth

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Babte

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 73. N. Wolfe St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Diphtheria

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3<sup>rd</sup>

Undertaker, Fry & Son

Place of Business, 57 N. Broadway Address, 137 Calver St

J. J. Groppe M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 2, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Capandrea Britton

Sex, Male or Female, { cross out the word not required in this line. }

Age, 72 Years, 11 Months,      Days.

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, House

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Harford Co Md

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and number } 356 N. Laurel St

Cause of Death, { First, (Primary,) Organic Heart Disease  
Second, (Immediate,) Crystallization of Lungs

Duration of last Sickness,     

All the above information should be furnished by the Physician.

Place of Burial, Bermingham

Date of Burial, Friday March 4

Undertaker, Morton & Sons

Place of Business, #3 N. Gay St

P. H. Williams M. D.  
Medical Attendant.

Address, 201 Mad. Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46482*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 1<sup>st</sup>*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Robert Carter*

Sex, *Male* or *Female*, { Cross out the words not required in this line. }

Age, *28* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, *Colored*

Married, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Convict*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Don't know*

Duration of Residence in the City of Baltimore, *(8) Eight Years*

Place of Death, { Give street and number. } *Maryland Penitentiary*

Cause of Death, { First (Primary,) *Consumption*  
Second (Immediate,) \_\_\_\_\_ }

Duration of Last Sickness, *One Year*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*

Date of Burial, *March 2*

{ Undertaker, *Patrick Mullin*  
Place of Business, \_\_\_\_\_ }

Address, *152 Townsend St.*

*Lilas Baedam M.D.*  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Black

Sex, Male or Female, { cross out the word not required in this line. }

Age, 14 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, see her life

Place of Death, { Give street and number } No 89. O. Ann - st

Cause of Death { First, (Primary.) Second, (Immediate.) } Phthisis Pulmonalis

Duration of last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 4th

Undertaker, M. Clarke & Sons

Place of Business, 64 E. Baltimore St

Address, 235. Gould St

A. B. Clarke M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 464184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 2, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August G. Hilde

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, 5 Years, 1 Months,  Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 220 Chestnut Alley

Cause of Death, { First, (Primary.) Second, (Immediate.) } Congestion of Lungs  
10 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 4<sup>th</sup> 1881

Undertaker, Peter Keurink

Place of Business, Moulberry St Address, 363 Franklin St

J. W. C. Cuddy - M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 2d, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Lechtman

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 62 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 47 years

Place of Death, { Give street and number } 17 Palmyra St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cerebral Congestion

Duration of last Sickness, About 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 4

Undertaker, James Smith

Place of Business, 17 Palmyra St

E. James Williams M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 46486

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

March 3/81

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Susan Ford

Sex, Male or Female,

Cross out the word not required in this line.

Age,

21 Years,

Months,

7 Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

8 Mo

Place of Death,

Give street and number.

698 Lombard St

Cause of Death,

First, (Primary.)

Uraemia

Second, (Immediate.)

Periparturient Convulsions, from Uraemia

Duration of Last Sickness,

Three days

All the above information should be furnished by the Physician.

Place of Burial,

Fovestown Baltimore Co

Date of Burial,

March 4 1881

Undertaker,

J. B. Cook

Place of Business,

707 N. Baltimore St

Address,

W. C. Taggart & Co. Baltimore

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, March 3/81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hertie May

Sex, Male or Female, { cross out the word not required in this line. }

Age, 3 Years, 4 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 27 1 Poppe St

Cause of Death { First, (Primary.) Second, (Immediate,) } Convulsions  
Two weeks

Duration of last Sickness, \_\_\_\_\_  
All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, March 4<sup>th</sup> 1881 A. J. Spencer M. D.  
Medical Attendant.

Undertaker, L. M. Leonardson

Place of Business, 82 W. Baltimore Address, 387 W. Lombard St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46488

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 2<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman R. Henneman

Sex, Male or Female, { cross out the word not required in this line. } M

Age, 1 Years, 2 Months, 3 Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 225 E. Madison St

Cause of Death { First, (Primary.) Bronchitis  
Second, (Immediate,) Irritation of Bowels

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, March 4 1881 H. T. Remolds M. D.  
Medical Attendant.

Undertaker, Henry Hock

Place of Business, 309 Central W Address, 186 Disquist St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. PULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46489

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

March 2<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Mooney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation,

Salesman  
Ireland

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

28 years

Place of Death, { Give street and number. }

349 Harford Ave.

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Phthisis Pulmonalis

Duration of Last Sickness,

7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 4<sup>th</sup> 1881

Dr. Brooke Byrle

M.D.,

Medical Attendant.

{ Undertaker, James D. Byrne

{ Place of Business, No 63 St. Francis Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



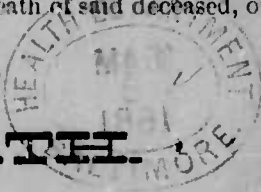
# Board of Health, City of Baltimore,

Permit No. *46490*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *Mch. 2 - 1881.*

Full Name of Deceased, *Anna M. Hefner* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *30* Years, *#* Months, *14* Days.

Color, *White*

Married, *Single* ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *House Keeper.*

Birthplace, *Bavaria.* { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *13 yrs.*

Place of Death, *179 Lexington St. City.* { Give street and number. }

Cause of Death, *Phthisis Pulmonalis.* { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, *Four mos.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Stephens*

Date of Burial, *March 4<sup>th</sup> 1881*

Undertaker, *Wm. J. Fickner*

Place of Business, *65 S. Euston* Address, *For the Parents.*

*Jos. G. Wiltschko*  
M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46491*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *March 2nd 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *David Carroll Brown*

Sex, Male or Female, { cross out the word not required in this line. } *Male*

Age, \_\_\_\_\_ Years, *7* Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Potterville*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number } *223 Dolphin St*

Cause of Death { First, (Primary,) *Marasmus*  
Second, (Immediate,) *Pulmonary Consumption*

Duration of last Sickness, *6 months*

All the above information should be furnished by the Physician.

Place of Burial, *Mt Cleve*

Date of Burial, *March 1st* *John A. Nelson* M. D.  
Medical Attendant.

{ Undertaker, *C. A. Blizzard*

{ Place of Business, *207 Cedar Ave* Address, *261 Madison Avenue*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 2<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. if an Infant not named, give names of parents. } C. L. Kernan

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 5 Years, 3 Months, 3 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Balt: 2nd

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Life

Duration of Residence in the City of Baltimore, 235

Place of Death, { Give street and number. } Bergyle Ave

Cause of Death, { First (Primary,) Second (Immediate,) } Gastro-Enteritis

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Bald Cemetery

Date of Burial, Mar 4/81

Undertaker, Chas. A. Mowbray

Place of Business, 30 Park Ave

Address, 248 4th

187 W. Biddle

Medical Attendant, Dr. B. Latimer M. D.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46493

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, *Mar. 3<sup>d</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henry Martin*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *57* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *Laborman*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Virginia*

Duration of Residence in the City of Baltimore, *7 yrs*

Place of Death, { Give street and number. } *City Hospital*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Tumor of Brain*  
*Congestion*

Duration of Last Sickness, *2 yrs*

All the above information should be furnished by the Physician.

Place of Burial, *Cathedral Cemetery*

Date of Burial, *Mar 4<sup>th</sup> 1881*

*J. A. Prunham* M.D.,  
Medical Attendant.

{ Undertaker, *John L. Jordan*

{ Place of Business, *South Avenue* Address, *City Hospital*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46494

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

March 1st 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Thomas Guile

Sex, Male or Female,

Cross out the word not required in this line.

Age,

27

Years,

Months,

Days.

Color,

Black

Married, Single, Widowed or Widower,

Cross out the word not required in this line.

Occupation,

Sailor

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Virginia

Duration of Residence in the City of Baltimore,

Unknown

Place of Death,

Give street and number.

St. Joseph's Hospital

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Apoplexy (Congestive) & A.C. Pericarditis  
Congestion of Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

G.P. Cemetery

Date of Burial,

March 3

Undertaker,

Patrick Mullin

Place of Business,

Chas. B. Holdsworth

M.D.,

Medical Attendant.

P. Carson, M.D.

Address, St. Joseph's Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46495

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, March 3, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary F. Walter

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 32 Years, 6 Months, 13 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Lady

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 18 Yrs

Place of Death, { Give street and number } 35 S. Carrollton St.

Cause of Death { First, (Primary.) Inflammatory Rheumatism of lower extremities  
Second, (Immediate,) Metastasis (sudden) to the heart, after eating light dinner

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 6, 1881 John Hood M. D.

Medical Attendant.

{ Undertaker, J. P. Cook

{ Place of Business, 707 W. Baltimore Address, 322 Hollins St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

J. C. PULANY &amp; CO. CITY PRINTERS

[OVER.]



# Board of Health, City of Baltimore,

Permit No. *46496*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

*March 3<sup>rd</sup> 1881*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Gertha Augusta Brady*

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

*1* Years,

Months,

Days.

Color,

*White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

*Baltimore, Md.*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death,

{ Give street and number. }

*76 S. Monroe St.*

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

*Complication of Lung*

Duration of Last Sickness,

*Two weeks*

All the above information should be furnished by the Physician.

Place of Burial,

*Lincoln Park Cemetery*

Date of Burial,

*March 4*

M.D.,

{ Undertaker,

*J. J. Cook*

{ Place of Business,

*707 West Baltimore*

Address,

*Wm Fayette Robinson*

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 3rd, 1881.  
Full Name of Deceased, Melissa A. Otter  
Write legibly and spell correctly. If an Infant not named, give names of parents.  
Sex, Female  
Cross out the words not required in this line.  
Age, 21 Years, 4 Months, 26 Days  
Color, white  
Married, Single  
Cross out the words not required in this line.  
Occupation, none  
Birthplace, Baltimore, Md.  
State or country (and how long in United States, if of foreign birth.)  
Duration of Residence in the City of Baltimore, Life time.  
Place of Death, 141 Prince St.  
Give street and number.  
Cause of Death, Malignant abscess.  
First (Primary),  
gangrene & Septicæmia,  
Second (Immediate),  
about two weeks.  
Duration of Last Sickness, about two weeks.  
All the above information should be furnished by the Physician.  
Place of Burial, Baltimore Cemetery  
Date of Burial, Saturday March 5th.  
Undertaker, Peter Kummert  
Place of Business, 317 Mulberry St.  
Address, 205 W. Baltimore St.  
H. R. Betterhoff M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46498

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, March 3/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachel Bagel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 79 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, { Give street and number. } 170 S Bond

Cause of Death, { First, (Primary.) Second, (Immediate.) } old age  
dropsy (General)

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, March 5

{ Undertaker, Jacob Bucher

{ Place of Business, 224 Canton

R. W. Mansfield M.D.,  
Medical Attendant.

Address, 117 S Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



Special Attention of Physicians is

marks below, and to List of Diseases on

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Friday, March 4<sup>th</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Henry Fisher

Sex, Male or Female, { cross out the word not required in this line. } male

Age,        Years,        Months, 8 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number } 162 N. High St

Cause of Death { First, (Primary,) Hydrocephalus  
Second, (Immediate,)       

Duration of last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, St. Mary cemetery near Goddard St

Date of Burial, March 4<sup>th</sup> 1881

Undertaker, James O. Byrne

Place of Business, No 62 N. Front St Address, 27 N. Broadway

J. G. Dausch M. D.  
Medical Attendant,

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 46500

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 3 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Benjamin Van Rappff

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 34 Years, 1 Months, 23 Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. ) } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 75 Park St.

Cause of Death, { First, (Primary.) } Phthisis Pulmonalis  
{ Second, (Immediate.) }

Duration of last Sickness, Anyem or more

All the above information should be furnished by the Physician.

Place of Burial, Westminster yard

Date of Burial, March 5 1881 Christopher V. D.

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles Address,

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov 4R]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

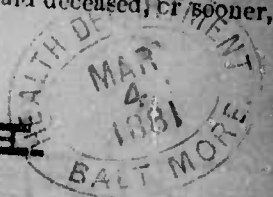
# Board of Health, City of Baltimore, Office of Registrar of Vital Statistics.

Permit No. 46501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, March 2nd 1881  
Full Name of Deceased, Isaac Mearns  
Sex, Male or Female, Male (Write legibly and spell correctly. If an infant not named, give names of parents. Cross out the word not required in this line.)  
Age, 24 Years, — Months, — Days.  
Color, colored

Married, Single, Widow or Widower (Cross out the word not required in this line.)

Occupation, Laborer

Birthplace, Montgomery Co - Md (State or Country and how long in the United States, if of foreign birth.)  
Duration of Residence in the City of Baltimore, 4 Mos.

Place of Death, Mount St near Baker (Give street and number.)

Cause of Death, Heart Disease First, (Primary.)  
Dropsy - Second, (Immediate.)

Duration of Last Sickness, 4 Mos.  
All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 4th 1881

Undertaker, F. A. Kerschner

Place of Business, —

Chas E Sadtler M.D.,  
Medical Attendant.

Address, 649 Penna Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted, and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



No. 46502

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**Permit No. 46502

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 3<sup>d</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Jackson ColindSex, Male or ~~Female~~, { cross out the word not required in this line. }Age, 60 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, BlackMarried, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }Occupation, Labourer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } No 2 Bethel RowCause of Death, { First, (Primary.) Pulmonary  
Second, (Immediate,) Pulmonary PhthisisDuration of last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Lawrence CemeteryDate of Burial, March 4 1881{ Undertaker, S W Chase{ Place of Business, 19<sup>th</sup> Howard St

Robt W. Johnson M. D.  
Medical Attendant.

Address, 70 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *46503*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, *March 2nd 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Julia A. Jordan*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *40* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *109 East Fayette Street*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Consumptive diathesis*  
*Consumption*

Duration of Last Sickness, *About four months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Patrick Cemetery*

Date of Burial, *March 4<sup>th</sup> 1881*

{ Undertaker, *Henry W. Mears*

{ Place of Business, *45 N. Gay St.*

*Hilton A. Taylor* M.D.,  
Medical Attendant.

Address, *Broadway & McElderry Street*

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46504

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46504The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 3<sup>d</sup>Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ferry BarnettSex, Male or Female, { cross out the word not required in this line. } MaleAge, Thirty-nine Years, Months, Days.Color, BlackMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } SingleOccupation, LaborerBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore CityDuration of Residence in the City of Baltimore, all his lifePlace of Death, { Give street and number } 1 Cooper's Crk. Barri<sup>g</sup>Cause of Death { First, (Primary.) Consumption  
Second, (Immediate,) AtheriaDuration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, W. Public CemeteryDate of Burial, March 5<sup>th</sup> 1881{ Undertaker, L. A. Kerchue } John Hall M. D.  
Medical Attendant.{ Place of Business, \_\_\_\_\_ } Address, 77 Hill St.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children,

INTENDERS AND STATIONERS.

[OVER.]



No. 46

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 3d 1884.*Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Edward J. McGill*Sex, Male or Female, { cross out the word not required in this line. } *Male*Age, *Thirty Eight* Years, Months, Days.Color, *Colored*Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*Occupation, *Formerly Waiter*Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *New York New York*Duration of Residence in the City of Baltimore, *Thirty nine Years*Place of Death, { Give street and number } *17 Shaw Street.*Cause of Death, { First, (Primary,) *Chronic Anasarca from Cachexy*  
Second, (Immediate,) *Hypertrophic Pericardium*Duration of last Sickness, *Two Months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Ignace Cemetery*Date of Burial, *March 5*{ Undertaker, *Hercule & Ross* } *J. A. Dyer* M. D.  
Medical Attendant.{ Place of Business, *15 Central St.* } Address, *146 Hill St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{ 67-41 }

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the fact of the same being on file in the Office of the Registrar.

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 46526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

March 2 1881,



Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Adaline Ruddy

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Sixty Three Years,

Months,

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

604 Lexington St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Malarial Fever & Pneumonia

Duration of Last Sickness,

Five days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cemetery

Date of Burial,

March 5<sup>th</sup> 1881

Undertaker,

Andrews & Hodges

Place of Business,

1646 Druid Hill Ave

Address,

504 N. Fayette St.

Medical Attendant.

M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]





No. 27 0 0 0 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 30, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. H. Delicott

Sex, Male or Female, { cross out the word not required in this line. }

Age, 80 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } MD

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, { Give street and number } Aged Man's Home

Cause of Death { First, (Primary.) Smile Decay  
Second, (Immediate.) }

Duration of last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount City

Date of Burial, March 5<sup>th</sup> 1881

{ Undertaker, N W Jenkins & Son

{ Place of Business, 75 N Charles St Address, 1711 Waverley Place

M. D.

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 4/89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Line meyer

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 4 Years, 5 Months,  Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 4 years 6 months

Place of Death, { Give street and number } 122 Park Ave

Cause of Death { First, (Primary,) Second, (Immediate,) } Congestion of brain

Duration of last Sickness, 7 weeks (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, March 7, 1889

Undertaker, J. B. Cook

Place of Business, 717 N. Baltimore St

J. L. Spencer M. D.  
Medical Attendant.

Address, 387 N. Lombard St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46870

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 4<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary A. Baggs*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Fifty five* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Caroline County Md*

Duration of Residence in the City of Baltimore, *Five years*

Place of Death, { Give street and number. } *No 493 W. Fayette Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis Pulmonalis*  
*Wasting away*

Duration of Last Sickness, *About two years*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet Cem.*

Date of Burial, *March 6<sup>th</sup> 1881*

Undertaker, *J. B. Cook*

Place of Business, *707 W. Baltimore St*

Address *Cor Calhoun & Hollis Sts.*

*J. Ridgely Hammond M. D.*  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

Permit No. 46511

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 4/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Thomas

Sex, Male or Female, { cross out the word not required in this line. }

Age, 23 Years, 3 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Iowa

Duration of Residence in the City of Baltimore, 21 years

Place of Death, { Give street and number } 686 W. Pratt St.

Cause of Death { First, (Primary.) Phthisis  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 5/1881

Undertaker, J. B. Crook

Place of Business, 707 W. Baltimore St.

Address, 287 W. Lombard St.

D. L. Spicer M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 46512

# Board of Health, City of Baltimore,

## Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

March 3 1881



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 34 Years,

Color, Colored Months,        Days,       

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Burial Ground

Date of Burial, March 5-4 1881

{ Undertaker, Fredrick J Namuth }

{ Place of Business, No 83 Poppleton St north }

Alexander Muesley M.D.,  
Medical Attendant

Address,       

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46573

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 3<sup>rd</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John D. Arthur

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 11 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 471 Lenox St.

Cause of Death { First, (Primary,) Pneumonia  
Second, (Immediate,) Meningitis

Duration of last Sickness, About 25 days

All the above information should be furnished by the Physician.

Place of Burial, Norton

Date of Burial, Mar 5 1881

{ Undertaker, Peter Hummer

{ Place of Business, 517 Mulberry Address, 78 N. Gilman St.

J. Milton White M. D.  
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 46314

## Board of Health, City of Baltimore,

Permit No. 46574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 3 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Arthur Nicholland

Sex, Male or Female, { cross out the word not required in this line. }

Age, 81 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore, \_\_\_\_\_

54 years

Place of Death, { Give street and number }

55 N. Front St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Asthenia, due to prolonged suffering from Sciatica, & lately disease of Bladder

Duration of last Sickness, \_\_\_\_\_

One year -

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea Cemetery

Date of Burial, March 7 1881

Undertaker, James P. Byrne

Place of Business, No 63 N Front St

Chas. F. Nicholland M. D.  
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie L. Murdock

Sex, Male or Female, { cross out the word not required in this line. }

Age, Twenty Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No. 341 E. Fayette St.

Cause of Death { First, (Primary,) Consumption

Second, (Immediate,) do

Duration of last Sickness, unknown time

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, March 5th 1881

Undertaker, James D. Byrne

Place of Business, No. 63 N. Front St.

Address, Cr. Boyle Ave. Murdock St.

L. Bacon M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

3<sup>rd</sup> M<sup>o</sup> 3<sup>rd</sup> 1881

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Henrietta Dunn

Sex, Male or Female, { cross out the word not required in this line. }

female

Age, 68 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Widow

Occupation,

No Occupation

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

About 60 years

Place of Death, { Give street and number }

11<sup>th</sup> 521 W. Fayette St.

Cancer of Breast

Cause of Death { First, (Primary,) Second, (Immediate,) }

About 18 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brea Cemetery

Date of Burial, March 5<sup>th</sup> 1881

W. H. Riley

M. D.

Medical Attendant.

Undertaker, James D. Byrne

Place of Business, No 63 N. Front St.

Address, 306 Madison Avenue,

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, 5<sup>th</sup> of March

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elsie France

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 41 Years, 10 Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number. } No 206 South Bond Street

Cause of Death, { First (Primary,) Consumption  
Second (Immediate,) }

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Dr. Charles Kerner M. D.

Date of Burial, March 6 Medical Attendant.

{ Undertaker, H. S. S. Address Corner D and St. & East Tenth Ave No 214  
Place of Business, 101 S. Bond

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 4 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas A Evans

Sex, Male or Female, { cross out the word not required in this line. }

Age, About 25 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { cross out the word not required in this line. }

Occupation, Lawyer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } University Hospital

Cause of Death { First, (Primary,) Capillary Pneumonia  
Second, (Immediate,) Apnoea

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Golden Park Cemetery

Date of Burial, March 5<sup>th</sup> 1881

Undertaker, Myer & Newman

Place of Business, 81 N Broadway Address, University Hospital

M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. HULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 46579

# Board of Health, City of Baltimore,

## Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death,

Full Name of Deceased, *Barbara Bonnett*

Sex, Male or Female, *Female*

Age, *5* Years, *6* Months, *16* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *None*

Birthplace, *Baltimore City*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, *190 So. Caroline St.*

Cause of Death, *Stomach*

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel*

Date of Burial, *March 6*

Undertaker, *W. Duffel*

Place of Business, *151 S. Bond*

Medical Attendant, *[Signature]* M.D.,

Address, *[Signature]*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. B. Egerton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 74 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 127 Park Ave.

Cause of Death, { First (Primary,) Pneumonia  
Second (Immediate,) }

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 5<sup>th</sup> 1881

Undertaker, John H. Weaver & Co.

Place of Business, 22 W. Fayette St.

Wm. F. Lockwood, M.D.  
Medical Attendant.

Address, Park & Madison Sts.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46521

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Time of Death, *March 4th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George W. Booth*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *43* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, *Single*, ~~*Widow*~~ or ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation, *Painter*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *247 North Eden Street*

Cause of Death, { First, (Primary.) } *Bright's Kidney*  
Second, (Immediate.) *Apoplexy*

Duration of Last Sickness, *Death was immediate*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *March 6th*

{ Undertaker, *George Schilling*  
Place of Business, \_\_\_\_\_ }

*Milton H. Taylor* M.D.,  
Registrar Attendant.

Address, *Broadway & McElderry St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 5<sup>th</sup> March

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederine Borne

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 83 Years, 4 Months, 2 Days.

Color, white Sex, female

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Widow

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Minden (Germany)

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, { Give street and number. } 139 Lexington St. Balt.

Cause of Death, { First (Primary), Second (Immediate), } Old age

Duration of Last Sickness, Old age

All the above information should be furnished by the Physician.

Place of Burial, Gate Cemetery

Date of Burial, March 6/87

Undertaker, Chas. A. Bartlett Address 120 Pearl St. Balt.

Place of Business, 124 N. Baltimore St.

M. D. W. H. M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 46523

## Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

March 4 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mother Name (Sarah Priggen)

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

631 Penna Av

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

631 Penna Av

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Convulsions

Duration of Last Sickness,

3 Days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

Mar. 5 1881

Undertaker,

Wm H Bishop Jr.

Place of Business,

97 Davis St. N. W.

A Tinsley

M.D.,

Medical Attendant.

Address,

386 N. W. 1st St.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1881-20-5-214  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 14<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry D. Wregh

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 6 Years, 6 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States. if of foreign birth. } \_\_\_\_\_

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } No 7 Winter St

Cause of Death, { First, (Primary.) Acute Meningitis  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, Mar 16<sup>th</sup> 1881

Undertaker, E. F. Krause

Place of Business, \_\_\_\_\_ Address, 151 N. Howard St.

J. C. Burch M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

V. & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, .....

Mar: 24th / 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Barrett

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 68 Years, .....

Months, .....

Days, .....

Color, .....

White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, .....

None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, .....

Lifetime

Place of Death, { Give street and number }

239 W Fayette St

Cause of Death { First, (Primary,) Second, (Immediate,) }

Disease of Heart  
one day

Duration of last Sickness, .....

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 24th 1881

F. J. Murphy

M. D.

Medical Attendant.

Undertaker, Helen J. H. H.

Place of Business, 75 W Chase St

Address, 2 Cathedral St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANT & CO, CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46526

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *March 30 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles D. Johnston*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *33* Years, *5* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *Sawmaker*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *During Life*

Place of Death, { Give street and number. } *54. Chew St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Phthisis Pulmonum*

Duration of Last Sickness, *5 Years*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*

Date of Burial, *March 6<sup>th</sup> 1881*

Undertaker, *Wm. H. Hickman*

Place of Business, *No 234 N. Gay St*

Medical Attendant, *Aspycaus* M.D.,

Address, *137 N. E. St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46527

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, March 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph Weberheim

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt City

Duration of Residence in the City of Baltimore, 3 mo 18 days

Place of Death, { Give street and number. }

252 Montgomery St

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 6

S. A. Bell

M.D.,

Medical Attendant.

Undertaker, Ernst Scholman

Cornier St 201

Place of Business, 200 Sharp St

Address, 161 S. Sharp St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46528

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

March 4<sup>th</sup> 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louisa Petri

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

/ Year,

8 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balto. City -

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

165 1/2 Green St.

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Scarlatina. Albumin

Duration of Last Sickness,

4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, on Sunday March 6<sup>th</sup> 81

R. J. N. Tall

M.D.,

Medical Attendant.

{ Undertaker, J. Muller

{ Place of Business, No 21 Harrison St. Address,

152 Sharp St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

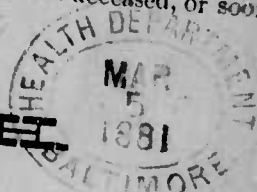
## Office of Registrar of Vital Statistics.

Permit No. 46529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death,

March 3<sup>rd</sup> 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Elizabeth Whalen.

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

16 Years,

Color,

White

Months,

Days.

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

None.

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

82 Deeping Ln - Baltimore.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Phthisis Pulmonalis

Antheria

Several Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

and 1st St - Baltimore

Date of Burial,

March 7<sup>th</sup> 1881

Undertaker,

Jos. H. Byrne

Place of Business,

37 N. Liberty St

Address,

Robert Smith

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46530

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

March 5<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

David Scott

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

70

Years,

Months,

Days.

Color,

Colored

Married, Single, ~~Widow~~ or

Widower,

{ Cross out the word not required in this line. }

Occupation,

Sailor

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

E. Shore Md

Duration of Residence in the City of Baltimore,

6 Years

Place of Death,

{ Give street and number. }

5<sup>th</sup> Claremont Alley

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Dropsy

Duration of Last Sickness,

2 Months & 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

W. L. Cemetery

Date of Burial,

March 5<sup>th</sup> 81

Undertaker,

Fred A. Kerchner

Place of Business,

S. Carrollton

Address,

Comm. of Health & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sp by Jas V. Sig. Patrick

The Special Attention of        is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fredrick Wm Reuschling

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male Reuschling

Age,        Years, 6 Months, 2 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }       

Occupation,       

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,       

Place of Death, { Give street and number } 100 Division St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Convulsions

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Mar 6<sup>th</sup> 1881 Wm. D. Medical Attendant.

Undertaker, Suterick & W. W. W.

Place of Business, 166 Druid Hill Ave Address, 213 W. Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.



Permit No. 46582

Board of Health, City of Baltimore,  
Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death,

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6 1889

Undertaker, S. H. Chase

Place of Business, 195 Howard St

Address, 206 Sharp St

Medical Attendant, W. S. Booz M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46533

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 2<sup>d</sup> 1888*Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Alice Ann Harrison*Sex, *Male or Female*, { cross out the word not required in this line. } *Female*Age, *40* Years, *3* Months, *10* Days.Color, *Black*Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*Occupation, *Washerwoman*Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Madison Co. Va.*Duration of Residence in the City of Baltimore, *Four Years*Place of Death, { Give street and number } *118 Harmony Lane*Cause of Death, { First, (Primary.) } *Consumption*  
{ Second, (Immediate.) }Duration of last Sickness, *One Year*

All the above information should be furnished by the Physician.

Place of Burial, *Forest Cemetery*Date of Burial, *March 5 1888*{ Undertaker, *Albion* }{ Place of Business, *193 Broadway* }Address, *192 N. Carey St.*J. W. Lowry M. D.  
Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DALRYMPLE &amp; CO. CITY PRINTERS AND STATIONERS.

[over]

# Board of Health, City of Baltimore,

Permit No

46534

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, *Wednesday. March 2<sup>nd</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Elizabeth Williams*

Sex, ~~Male~~ *Female*, { Cross out the word not required in this line. }

*Female*

Age, *20* Years, *10* Months, *28* Days.

Color, *Light yellow*

~~Married~~, Single, ~~Widow~~ *Single*, { Cross out the word not required in this line. }

Occupation, *House servant*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Baltimore*

Duration of Residence in the City of Baltimore, *20 yrs 10 mos 28 days*

Place of Death, { Give street and number. }

*51 State Street*

Cause of Death, { First, (Primary.) *Pulmonary Phthisis*  
Second, (Immediate.) *Exhaustion* }

Duration of Last Sickness, *About three months.*

All the above information should be furnished by the Physician.

Place of Burial, *Funeral Cemetery*

Date of Burial, *March 6*

*Robt. W. Johnson* M.D.,  
Medical Attendant.

{ Undertaker, *John H. Owens* }

{ Place of Business, *225-8 Centaur* }

Address, *70 Cathedral St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Newton B Glass

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 23 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, Gas meter Inspector

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Carlisle Pa. Res. Philadelphia

Duration of Residence in the City of Baltimore, Transient Passenger

Place of Death, { Give street and number } Mansion House Cor Fayette & St Paul

Cause of Death, { First, (Primary.) Intemperance probably  
Second, (Immediate.) Congestion of brain probably

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, March 4<sup>th</sup> 1881 Edmund R Walker M. D.  
Medical Attendant.

{ Undertaker, Stewart & Mourn

{ Place of Business, 35 Park Ave Address, Corner M & P

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER]

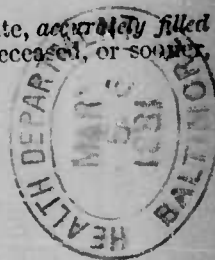
# Board of Health, City of Baltimore,

Permit No. 46536

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

March 3/81

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Louisa Curry

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

13 Years,

Months,

Days.

Color,

Blk

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore,

12 yrs.

Place of Death,

Give street and number.

180 East Ave

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Acute Phthisis

Duration of Last Sickness,

2 mos.

All the above information should be furnished by the Physician.

Place of Burial,

Lakas St. Cemetery

Date of Burial,

Jan 15 1881

Undertaker,

Theo J. Locks

Place of Business,

33 Jefferson St.

R. W. Mansfield M.D.,  
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

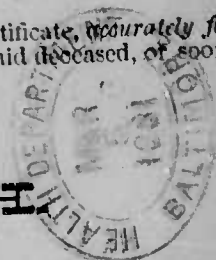
Office of Registrar of Vital Statistics.

Permit No. 46837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, March 5<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma & Geo Schaefer (Parents)

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female.

Age, Years, Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 5<sup>th</sup> 87

{ Undertaker, Julius Rochler

{ Place of Business, Cross St

Spasms Since birth.

James H. Allen M.D.,

Commr of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Spasms Since birth.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46838

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 4 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martha Mundy.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 21 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 55 Williamson St

Cause of Death, { First, (Primary.) } Spasms.  
{ Second, (Immediate.) }

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 6, 1881 J. M. A. Stearns M.D.,

{ Undertaker, Geo W Perkins } Commissioner of Health

{ Place of Business, 150 N. Howard St } Address, Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

at of Jno C. Stearns

# Board of Health, City of Baltimore,

Permit No. 46539

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 2<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Brunmell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 19 Years, Months, Days.

Color, col

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Operator Rhucker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Talbot Co

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number. } Pistol Shot 92 Chesnut St. Res 13 Chesnut

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pistol Shot  
Injury to brain

Duration of Last Sickness, 15 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6<sup>th</sup> 1881

{ Undertaker, Wm N. Dunge

{ Place of Business, North East St Address, Coroner M P D

Edm J Walker M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

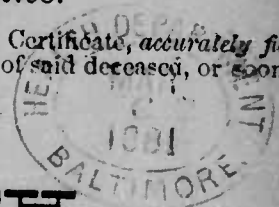
# Board of Health, City of Baltimore,

Permit No. 46540

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

March 3/8

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Albert Davis

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

13

Days.

Color,

Bright

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Ellcott City Md

Duration of Residence in the City of Baltimore,

10 days

Place of Death,

Give street and number.

57 St Paul St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Diarrhea

Duration of Last Sickness,

about 10 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Church

Date of Burial,

March 6<sup>th</sup> 1881

J. J. Warne M.D.,  
Medical Attendant.

Undertaker,

Pat Mullin

Place of Business,

S. P. Park Ave

Address, 127 St Paul St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



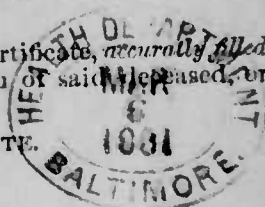
# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46541

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

Mar 4th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Arthur B Williams  
Male

Sex, Male or Female, { cross out the word not required in this line. }

Age,

Years,

7

Months,

Days,

Colored

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Balloon

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

During life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

155 W. Green St.

Cause of Death { First, (Primary.)

Second, (Immediate.)

Gonorrhea  
in Lung

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial,

March 6

B. I. Phillips

M. D.

Medical Attendant.

Undertaker,

Hecker's Ross

Place of Business,

15 CONWAY ST

Address,

327 N. Lombard St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 4657/2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Margaret Hayden.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 58 Years,

Color, White

Months,

Days.

~~Married~~, Single, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 91 Linden Ave.

Cause of Death, { First (Primary), Second (Immediate). } Cancer of the Stomach.

Duration of Last Sickness, Eight Months.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, March 6<sup>th</sup> 1881

Undertaker, Jas P Byrne

Place of Business, 63 Front

E. M. Rind M. D.  
Medical Attendant.

Address 243 N. 7<sup>th</sup> Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,  
Permit No. 465213 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Mar 30<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Cordelia Emerson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 65 Years,

Months, Days.

Color, Colored

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Seamstress

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 47 years

Place of Death, { Give street and number. }

No 27 S. Caroline St.

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Paralysis of the brain  
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill

Date of Burial, Mar 4<sup>th</sup> 1881

{ Undertaker, Thos J Lock

{ Place of Business, 113 Jefferson St

G. S. Kimmelman M.D.,  
Medical Attendant.

Address, 72 E. Pratt St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46544

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *March 4<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Areanna Jones*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *1* Years, *1* Months, *3* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *129 Sterling St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pneumonia*

Duration of Last Sickness, *6 weeks*

All the above information should be furnished by the Physician.

Place of Burial *Laurel Cemetery*

Date of Burial, *March 6<sup>th</sup> 1881*

Undertaker, *W. M. Dunge*

Place of Business, *East St*

*James A. Smith* M.D.,

*Commissioner of Health & Registrar*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*Exam by J. P. Smith*

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4652/5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 3. 4. 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Birdie H. Lomas

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 14 Days.

Color, Blk

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Bald

Duration of Residence in the City of Baltimore, 14 days

Place of Death, { Give street and number }

10 Harmony Lane

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Pneumonia

Duration of last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7<sup>th</sup> 1881

Undertaker, Wm. H. Dinger

Place of Business, No 62 East St

Address, 349 E

Wm. H. Dinger

M. D.

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

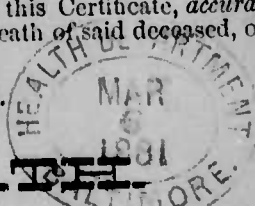
# Board of Health, City of Baltimore,

Permit No. *4654*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *March 5<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thomas P. Kellish*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *1* Years, *14* Months, *14* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *none*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Bath*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *74 Lewis St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pneumonia*

Duration of Last Sickness, *13 days*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *March 6, 1881*

*H. Hoffmann* M.D.,  
Medical Attendant.

{ Undertaker, *H. Hoffmann*

{ Place of Business, *63 N. E. St.* Address, *137 N. E. St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Owen Mason

Sex, Male or Female, { Cross out the word not required in this line. }

Age, About 50 Years,

Months.

Days.

Color, Black

Sex,

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Laborer

Canall Co Md

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

18 years

Place of Death, { Give street and number. }

Pigeon Row - near Pat. Ave  
Congestion of Brain  
Paralysis, Sudden Seizure  
Four weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lanier

L. C. Sparrow

M. D.

Medical Attendant.

Date of Burial,

March 7 - 1881

Undertaker,

Henry W. Mader

Address

No 427 N. Stricker St

Place of Business,

# 116 Arch St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 46548

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Mar 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spelt correctly. If an Infant not named, give names of parents. } Benj. Hughes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 52 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Oyster Shucker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 31 yrs. ✓

Place of Death, { Give street and number. } City Hospital

Cause of Death, { First, (Primary.) Injury to Spine  
Second, (Immediate.) Paralysis of Ref. Muscles

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 6<sup>th</sup> 1881

{ Undertaker, Theo. J. Locks

{ Place of Business, 473 Jefferson St. Address, City Hosp.

J. A. Branchard M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No.

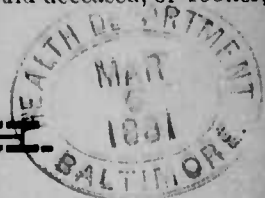
465249

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, March 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Flynn

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 71 Years,

Months,

Days.

Color,

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } County Derry (Ireland),

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Asylum of the Little Sisters of the Poor Cor John and Valley Street

Cause of Death, { First, (Primary.) } General Debility of age  
{ Second, (Immediate.) }

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 7<sup>th</sup> 1881

{ Undertaker, Henry Schestheis

{ Place of Business,

Wm Brooke Boyle M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46550

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *March 6 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Anna Cumney*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *51* Years, Months, Days.

Color, *W*

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. } *Married*

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *24 yrs*

Place of Death, { Give street and number. } *49 Dewey Alley*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pulmonary Consumption*

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician.

Place of Burial, *St Peter's cemetery*

Date of Burial, *March 8 1881*

{ Undertaker, *Jas. B. Cook*

{ Place of Business, *No 707 W. Baltimore Street*

Address, *189 N. Howard St*

*Richard M. Skene M.D.,*  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

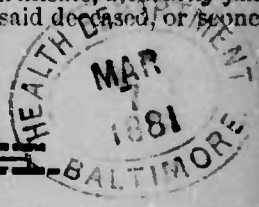
# Board of Health, City of Baltimore,

Permit No. 46531

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Lewarn John Lewarn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years, — Months, — Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Seaman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bristol England

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } Roof of Wharf foot of Wolfe St

Cause of Death, { First, (Primary.) } Accidentally drowned ✓  
{ Second, (Immediate.) }

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, March 4<sup>th</sup> 1881

{ Undertaker, John C. Schmitt } Chas M. Morph M.D.,  
Coroner &c Medical Attendant.

{ Place of Business, 245 Thimble St, Address, 67 East Baltimore St }

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46532

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Mar. 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John J. Ryan

Sex, Male or Female { Cross out the word not required in this line. }

Age, / Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Id

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

119 Hearford Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Inflam. Brain  
3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Church

Date of Burial, 7<sup>th</sup> of March

Dr. Brooke M.D.,  
Medical Attendant.

{ Undertaker, Sam Fink

{ Place of Business, 1761 N Gay St

Address, 166 E. Eager

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, March 6 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Oliver Hoyt Virgil

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 4 Years, 6 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 299 Myrtle Ave

Cause of Death, { First, (Primary.) Pneumonia Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 7<sup>th</sup> 1881

Undertaker, John E. Hough

Place of Business, Pennsylvania Avenue

Geo. H. Benson M. D.  
Medical Attendant.

Address, 144 Lexington St  
Baltimore

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46537

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, March 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } C. Pearson

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 74 Years, Months, Days.

Color, white

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, { Give street and number. } 27 Luzerne st

Cause of Death, { First, (Primary.) Second, (Immediate.) } old an apoplexy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 7 1881

{ Undertaker, Hy & Bro

{ Place of Business, 34 So Broadway Address, 117 S - Broadway

R. W. Mansfield M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46555

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

March 8 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Annis Whalley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 10 Months, 23 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Bath

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

12 Stratford

Cause of Death, { First, (Primary.) }

Whooping Cough

Second, (Immediate.)

Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Peters Cemetery

Date of Burial,

March 7<sup>th</sup> 1881

Theodore Cook M.D.,  
Medical Attendant.

{ Undertaker, John Skachan

{ Place of Business, 146 Hudson St

Address, 146 Hudson St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 46556

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

March 6, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Geo W. Myers

Sex, Male or Female,

Cross out the word not required in this line.

Age,

53

Years,

Months,

Days.

Color,

White

Married, Single, Widower or Widener,

Cross out the word not required in this line.

Occupation,

Livery Stable Keeper

Birthplace,

State or Country, and how long in the United States, if of foreign birth.

Balt.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

115 Hauver St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Apoplexy  
Paralysis

Duration of Last Sickness,

24 days

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt Cemetery

Date of Burial,

March 8th 1881

Herbert B. B. M.D.,  
Medical Attendant.

Undertaker,

John Maecher

Place of Business,

Local Board

Address,

146 Hauver St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 46557

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



# CERTIFICATE OF DEATH.

Date of Death,

March 5th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna A. Thye

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

77

Years,

10

Months,

25

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Widow

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

About 40 yrs

Place of Death,

{ Give street and number. }

180 S. Greenmont St.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

March 8th

Geo S. Blake

M.D.,

Medical Attendant.

{ Undertaker,

Henry Meyer

{ Place of Business,

406 S. Howard St.

Address,

68 S. Preach St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46858

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.



Date of Death, March 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel B Slack

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 55 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, General Mechanic

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number. } 58 Argyle Avenue

Cause of Death, { First (Primary,) General bucking down resulting from a depreaved condition of the nervous system. Second (Immediate,) existing for the last twelve or fifteen years

Duration of Last Sickness, existing for the last twelve or fifteen years

All the above information should be furnished by the Physician

Place of Burial, Loudin Park Cemetery

Date of Burial, March 8<sup>th</sup> 1881

Undertaker, Andrews & Hodges

Place of Business, No 486 Grand Hall St

Address

James H. Arnold M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 6, 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Albert L. Wilson (son of)

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore ✓

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 481 Mulberry St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Immaturity - one of twins

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Mar 7, 1881 Wm. Williams M. D.

Undertaker, Samuel Smith Medical Attendant.

Place of Business, 550 N. Tenth St Address, 201 N. 1st St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

# Board of Health, City of Baltimore,

Permit No. *46560*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *March 5th, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Rosalie Gustave*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *6* Years, Months, Days,

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City, Md.*

Duration of Residence in the City of Baltimore, *Since Birth.*

Place of Death, { Give street and number. } *#68 Eastern Avenue*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Cerebro-Spinal-Meningitis*

Duration of Last Sickness, *Three days.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *March 7th, 1881* *John H. Rehberger* M.D.,

Medical Attendant.

{ Undertaker, *W. A. Haiger*

{ Place of Business, *4 S. Broadway* Address, *#243 Alice Anna St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 46561

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, March 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Emma Robert

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 62 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Beaufort S. Carolina.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number. } 102 Ann St.

Cause of Death, { First, (Primary.) Old age  
Second, (Immediate.) pneumonia. }

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, March 7, 1881

{ Undertaker, Fry & Bro

{ Place of Business, 54 N Broadway

Milton K Taylor M.D.,  
Medical Attendant.

Address, Broadway & McEldergie

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46562

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, March 6, 1881

Full Name of Deceased, Annie E. Whittington  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female  
Cross out the word not required in this line.

Age, 22 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or Widower, Single  
Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, Baltimore  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, 98 Goodmans Alley  
Give street and number.

Cause of Death, Phthisis  
asthenia  
First, (Primary.)  
 Second, (Immediate.)

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8

Undertaker, Hezele S. Ross

Place of Business, 95 Lombard St

W. S. Brown M.D.,  
 Medical Attendant.

Address, 226 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46563*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 6<sup>th</sup> 81*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Marie William Buterbaugh*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *11* Years, *9* Months, *11* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, *—*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore, *—*

Place of Death, Give street and number. *No 1 Gettys St*

Cause of Death, First (Primary), *Casualty*  
Second (Immediate), *Chronic Croup*

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cem*

Date of Burial, *March 8<sup>th</sup> 1881*

Undertaker, *Chas T Scriven* Address  
Place of Business, *271 W. Baltimore St*

*W. M. Davis* M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Allice Virginia Dukes

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 Years, 18 Months,  Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 mo 18 da

Place of Death, { Give street and number } 26 Little Harwood St

Cause of Death { First, (Primary.) Infantile  
Second, (Immediate,) one week ✓

Duration of last Sickness, one week ✓

All the above information should be furnished by the Physician.

Place of Burial, Sham St Cemetery

Date of Burial, March 7 1881 J. H. Hillis M. D.

Medical Attendant,

{ Undertaker, William D. Dugan

{ Place of Business, 10 St. Louis St Address, 150 N. Eutaw St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANT & CO, CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46565

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, March 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida A. Meiser

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 26 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 327 E. Pratt St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Disease of Heart

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, March 8<sup>th</sup> 1881 Nicholas J. Dushnick M.D.,  
Medical Attendant.

{ Undertaker, Denny & Mitchell

{ Place of Business, 65 S Broadway Address, 207 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Mar 5 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Susan

Sex, Male or Female, { cross out the word not required in this line. }

Age, 6.5 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Domestic

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number }

Cause of Death { First, (Primary.) Second, (Immediate.) } Cause Breast  
10 years

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial March 8 1887

Undertaker, Samuel M. Hutchins

Place of Business, 65 Broadway

Address, 75 Franklin

M. D. \_\_\_\_\_  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46567

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 6, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Agnes

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, about 3 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, thirteen days

Place of Death, { Give street and number. } St Vincent's Hospital

Cause of Death, { First, (Primary.) } Marasmus  
{ Second, (Immediate.) } Hydrocephalus

Duration of Last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Berman's

Date of Burial, March 7, 1881

Undertaker, Berman's

Place of Business, 103 Division St. Address, 55 W. Calver St.

Harbison Berman M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



Permit No. 46568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

A circular ink stamp from the Baltimore Health Department. The outer ring contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center, the date "MAY 1901" is stamped. To the left of the stamp, there is a small, dark, rectangular mark.

## Date of Death,

March, 4. 1881

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, (Cross out the word not required in this line.)

Age, ..... Years, 2 Months, ..... Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not }  
 { required in this line. }

Occupation,

*Birthplace,* { State or Country and how }  
 { long in the United States, }  
 { if of foreign birth. }

Foundling

Duration of Residence in the City of Baltimore..... *Life*

*Place of Death.* (Give street and number.)

St Vincent, Refast as, Linn.

Cause of Death, { First, (Primary.) Congenital Syphilis  
Second, (Immediate.) aschemia

Duration of Last Sickness,..... When Received.....

All the above information should be furnished by the Physician.

Place of Burial, *Burial House*

Date of Burial, March 7, 1881 Charles Brewer M.D.,

( Undertaker, *Wm. J. Davis*

Place of Business, 156 Division St.

Address, 62 N<sup>o</sup> Cullloch Ar

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 46569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, March 5 1881

Full Name of Deceased, Larry E. Young

Sex, Male or Female, Cross out the word not required in this line.

Age, 5 Years, 3 Months, 3 Days.

Color, Black

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, Baltimore

Duration of Residence in the City of Baltimore, 45 1/2 years

Place of Death, 451 Beach Alley

Cause of Death, Inflammation of bowels  
Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5th 1881

Undertaker, Geo. H. Perkins

Place of Business, 131 Remond Street

W. S. Boone M.D., Medical Attendant.

Address, 206 Sharp Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 5<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Simms

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 41 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Caucasian

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Seamstress

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Charles Co. Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and number } 258 Howard St.

Cause of Death, { First, (Primary,) Second, (Immediate,) } Apoplexy

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, March 7<sup>th</sup> 1881

Undertaker, Geo. W. Turner & Co.

Place of Business, 131 Howard St. Address, 262 S. Sharp St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANTY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46571

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 7 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Adams

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 31 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, X

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and number. } 107 P. Washington St. E. of Baltimore

Cause of Death, { First, (Primary.) Cholera }  
 { Second, (Immediate.) Exhaustion }

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, holy Cross Con

Date of Burial, March 9 1881

{ Undertaker, M. France }

{ Place of Business, 280 Canton }

James E. D. M.D.  
 Medical Attendant.

Address, 397 E. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 46572

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, March 7 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Nelson Miller

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 13 Months, 16 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 22 Argyle Ave ✓

Cause of Death, { First, (Primary.) Second, (Immediate.) } Meningitis - Simple

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Landen Park

Date of Burial, March 9th

J. Miller

M.D.,

Medical Attendant.

{ Undertaker, Wm Weaver

{ Place of Business, 202 N Eutaw St

Address, 87 N Green St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 46573

## Board of Health, City of Baltimore,

Permit No. 46573

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Jones

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 22 Years, 11 Months, 23 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Adams Express Company

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Centerville Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number } Healdin St 298

Cause of Death, { First, (Primary,) Pulmonary Consumption  
Second, (Immediate,) }  
2 months

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 8, 1881

Undertaker, Jos B. Cook

Place of Business, 1677 Baltimore Street

Address, 28 North Gilman St

M. D.

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date of death, except in cases of deaths of illegitimate children.



# Board of Health, City of Baltimore,

Permit No. *46574*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *March 6th 81*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Raymond Thursty*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *2* Years, *—* Months, *—* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Ind*

Duration of Residence in the City of Baltimore, *life*

Place of Death, { Give street and number. }

*556 N. Fayette St*

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

*Diphtheritic Croup*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mt. Cemetery*

Date of Burial, *March 7th 1881*

M.D.,

Medical Attendant.

{ Undertaker, *Henry Mitchell*

{ Place of Business, *550 N. Fayette St* Address, *89 N. Greene St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Sunday March 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip Johnson

Sex, Male { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, — Days.

Color, Caucasian

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, 14 months

Place of Death, { Give street and number. } 3 Hill St

Cause of Death, { First (Primary), Second (Immediate), } Influenza  
Exhaustion

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Swedish Cemetery

Date of Burial, March 11th 1881

Undertaker, C. Meyman

Place of Business, 13 Saratoga

Address, 51 N. Calvert St  
Baltimore

C. W. Cole M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46576

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, March 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Katzen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years, — Months, — Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 123 South Sharp Street

Cause of Death, { First, (Primary.) Second, (Immediate.) } Natural  
Nervous prostration  
Renal

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Ohav Shalom Cem

Date of Burial, March 8<sup>th</sup> 1881 J. W. Wiley M.D.,  
Medical Attendant.

{ Undertaker, Wm J. Tickner

{ Place of Business, 65 S. Eutaw St Address, 158 Kanawha St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



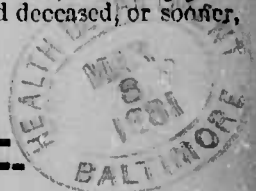
# Board of Health, City of Baltimore,

Permit No. 46577

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Hardy

Sex, Male ~~Female~~. { Cross out the word not required in this line. }

Age, 63 Years,        Months,        Days.

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,        ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } unknown

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give street and number. } 68 Cedar Alley

Cause of Death, { First, (Primary.) Cancer of Stomach  
Second, (Immediate.)        }

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 7<sup>th</sup> 1881 James H. Stearns M.D.,

{ Undertaker, Saml W. Chase Commissioner of Health

{ Place of Business, S. Howard St Address, Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. P. Smith

# Board of Health, City of Baltimore,

Permit No. 46578

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Mar. 14 '81.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Neaklan

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 2 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married, Single, Widowed or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 473 E. Hollidayman St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cerebral Hemiplegia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, Mar 15

{ Undertaker, Wendell's Disposal

{ Place of Business, S. Bond St. 151 Address, S. W. Clark & Keiser

John D. Brown M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46579

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 46579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 5<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Catharine ScrammageSex, Male or Female, { cross out the word not required in this line. } FemaleAge, 6 Years, 2 Months, — Days.Color, ColoredMarried, Single, Widow or Widower, { Cross out the word not required in this line. } —Occupation, —Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore CityDuration of Residence in the City of Baltimore, LifetimePlace of Death, { Give street and number } 241 S. Durham St near Canton Ave.Cause of Death, { First, (Primary,) Bronchitis.  
Second, (Immediate,) Pneumonia complicated with simple meningitisDuration of last Sickness, About three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Wells St. CemeteryDate of Burial, Mar 7<sup>th</sup> 1881 A. J. Goswiler M. D.Undertaker, The J. J. Smith Medical Attendant.Place of Business, 73 E. Johnson Address, 144 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. SMITH &amp; CO. CITY PRINTERS AND STATIONERS.



Permit No. *46580*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *March 6. 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Herbert Seymour Glenn*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *0* Years, *0* Months, *11* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *ind*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } *124 N. Eutaw St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Cyanosis*

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician.

Place of Burial, *Saint Paul's Cemetery*

Date of Burial, *March 7<sup>th</sup> 1881*

*G. Louis Tanyard M.D.,*  
Medical Attendant.

{ Undertaker, *Andrews & Hodges*

{ Place of Business, *No 416 Druid York Ave* Address, *124 W. Adelle St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

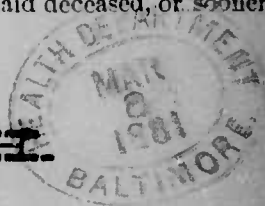
# Board of Health, City of Baltimore,

Permit No. 46581

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Mar 7 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Kapp

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 7 Months, 7 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 140 - Penna Ave

Cause of Death, { First, (Primary.) } Enteritis  
{ Second, (Immediate.) }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Weston Cemetery

Date of Burial, March 8 1881 D. J. Storer M.D.,

Medical Attendant.

{ Undertaker, Walter Arnold

{ Place of Business, 262 West Biddle Address, \_\_\_\_\_

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

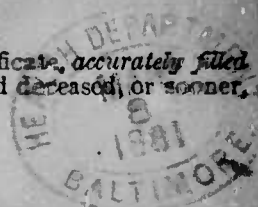
SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 46582

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Blanche May Eberhart.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 6 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 33 Hamburg St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Meningitis (Tubercular)

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Hill

Date of Burial, Feb 8<sup>th</sup> 81 - 2 P.M.

A. J. N. Tall. M.D.,  
Medical Attendant.

{ Undertaker, B Harle

{ Place of Business, 28 West St. Address, 152 Sharp St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. 46583

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *March 8<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Warner,*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, */* Years, *6* Months,  Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Balt. Med-* ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *8 Bohemia Court*

Place of Death, { Give street and number. } *Chronic Croup*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Asphyxia*

Duration of Last Sickness, *Five days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsius Cem.*

Date of Burial, *March 8<sup>th</sup> 1881*

*G. G. Rus L. M.D.,*  
Medical Attendant.

*Adam Link*  
Undertaker.

*461 N. Gay St.*  
Place of Business.

*Balt. & Wash. St.*  
Address.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

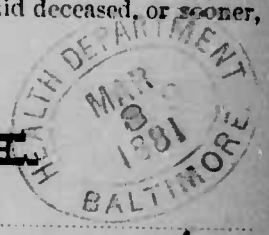
# Board of Health, City of Baltimore

Permit No. 46584

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Harris

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 70 Years,        Months,        Days.

Color, Colored

~~Married, Single, Widow~~ Widower, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or Country and how long in the United States, if of foreign birth. } md

Duration of Residence in the City of Baltimore, unknown

Place of Death, { Give street and number. } blacks court

Cause of Death, { First, (Primary.) Second, (Immediate.) } Intemperance  
Senile decay

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8<sup>th</sup> 1881 James A. Stearns M.D.,

{ Undertaker, Abram Wayman } Commissioner of Health  
{ Place of Business, Saratoga St } Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. P. Smith [OVER.]

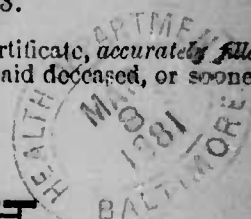
# Board of Health, City of Baltimore

Permit No. *46585*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *March 7 1891*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Carolina Rozakow*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *13* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Metairie City -*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } *18 Regatta St -*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pericarditis Inflammatory Rheumatism*

Duration of Last Sickness, *Three weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Schwartz Cemetery*

Date of Burial, *March 8*

{ Undertaker, *Ambrose Koeler* }

{ Place of Business, *244 E Lomb* }

*A. H. Mudd* M.D.,  
Medical Attendant.

Address, \_\_\_\_\_

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Board of Health, City of Baltimore,

Permit No. 46586

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7.50 P.M. March 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Augusta Taylor.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 57 Years, 6 Months, 20 Days.

Color, White

Married, ~~Single~~ Widow or Widower, { Cross out the words not required in this line. }

Occupation, Gentle

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 67 Mt. Vernon Place. (Batto.)

Cause of Death, { First (Primary,) Intestinal Pneumonia (Chronic) Second (Immediate,) Capillary Bronchitis. }

Duration of Last Sickness, Six - days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 8th (4 P.M.) Samuel Johnston M. D. Medical Attendant.

{ Undertaker, H. H. Jenkins & Son

{ Place of Business, 75 N. Charles

Address 80 W. Greenmount St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46587

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 7th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida E. Mills

Sex, ~~Male~~ Female, { Cross out the word not required in this line. } Female

Age, 32 Years, — Months, — Days.

Color, White Sex, Female

Married, ~~Single~~ ~~Widow~~ ~~Widower~~, { Cross out the words not required in this line. } —

Occupation, None ✓

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Charles Co.: Maryland

Duration of Residence in the City of Baltimore, 12 or 14 days

Place of Death, { Give street and number. } 26 Mulberry Street

Cause of Death, { First (Primary,) Cold Second (Immediate,) Inflammation of Stomach & Bowels

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bryon Town Charles Co. Md

Date of Burial, 8th March 1881

Undertaker, A. W. Jenkins & Son Address 146 Park Street

Place of Business, 16 Light  
75 W. Charles

H. C. Milson M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 2094

[OVER.]

Permit No. 46588

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *March 7th*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sarah Catherine Johnson*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *4* Years, *9* Months, Days.

Color, *Col*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *✓*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *Native*

Place of Death, { Give street and number. } *157 Sarah Ann St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Convulsions (from indigestion)*

Duration of Last Sickness, *A few hours*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp & Burial Ground*

Date of Burial, *March 8th 1887*

{ Undertaker, *Frederick D. Hamuth* }

{ Place of Business, *No 83 Poppleton St* }

Address, *1912 Pearl St*

*W. H. Arthur M.D.,*  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 46589

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 6, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Turner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 30 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, colored

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Charleston, S. C.

Duration of Residence in the City of Baltimore, some time (approx. 10 years)

Place of Death, { Give street and number. } 20. Gilbert St.

Cause of Death, { First (Primary,) \_\_\_\_\_ Heart disease  
Second (Immediate,) \_\_\_\_\_

Duration of Last Sickness, unknown weeks = I saw her but once

All the above information should be furnished by the Physician.

Place of Burial, Park Cemetery

Date of Burial, March 8

{ Undertaker, John H. Owens

{ Place of Business, 225 S. E. 1st St.

Wm. W. Wickens M. D.  
Medical Attendant.

Address 164 N. Arlington Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

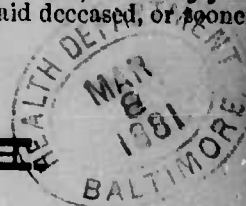
# Board of Health, City of Baltimore

Permit No. 46590

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *March 7th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Priscilla Ann Lockfild*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *57* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Housewife*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Montgomery Co. Md.*

Duration of Residence in the City of Baltimore, *25 years*

Place of Death, { Give street and number. } *24 S. Carey St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Chronic Hepatitis -*

Duration of Last Sickness, *Four Months*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *March 9th 1881*

Undertaker, *Wm B. Cook*

Place of Business, *No 707 N Baltimore Street*

Address, *Wm B. Cook*

*W. H. Hughes* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

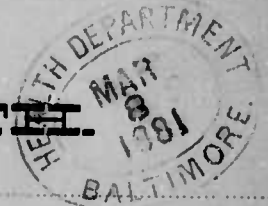
Permit No. 46591

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, March 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Wolf

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 12 Years, 11 Months, 29 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 472 E. Baltimore Street

Cause of Death, { First, (Primary.) Cerebro-Spinal Meningitis }  
{ Second, (Immediate.) }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9<sup>th</sup> 1881

{ Undertaker, M. A. Dwyer }  
{ Place of Business, 74 S. Broadway } Address, 68 E. Broadway

James J. McShane M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46592

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

March 7th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alexander Spray

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

56 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Married

Occupation,

Cooper

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

37 years

Place of Death,

{ Give street and number. }

16 E. North Street

Cause of Death,

{ First, (Primary)

Carcinoma Ventriculi

{ Second, (Immediate.)

Exhaustion

Duration of Last Sickness,

Six (6) months

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel

Date of Burial,

March 9th

Geo. Blunt M.D.,

Medical Attendant.

{ Undertaker,

M. Funk

{ Place of Business,

N. 35 Bank St

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46593

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 7 1881  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mathias Joseph Herbig  
 Sex, Male or ~~Female~~, { Cross out the word not required in this line. }  
 Age, 3 Years, 6 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 18 Walnut al

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 18 Walnut al

Cause of Death, { First, (Primary.) Second, (Immediate.) } Burns.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, First Home

Date of Burial, March 8 1881

{ Undertaker, Andrew Galt

{ Place of Business, 118 South St. Address, Corner

Alexander Tinsley M.D.,  
 Medical Attendant

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46594*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, *March 7<sup>th</sup>*

Full Name of Deceased, *Maggie Rhone* { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *1* Years, *9* Months,  Days.

Color,  Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *36 Hare St*

Cause of Death, { First (Primary,) Second (Immediate.) } *Primovina* ✓

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cor. J. H. Martin* M. D.

Date of Burial, *March 9<sup>th</sup> 1881* Medical Attendant.

Undertaker, *M. France* Address

Place of Business, *300 Center Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 7 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant: not named, give names of parents. } Joseph Stockman

Sex, Male or Female, { cross out the word not required in this line. }

Age, Seventy Three Years, \_\_\_\_\_ Months, Seven Days.

Color, white

Married, ~~Single~~, ~~Widowed~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Carpenter & House Painter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Fredrick County, Md.

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give street and number } 516 Washington St

Cause of Death { First, (Primary.) Paraplegia  
Second, (Immediate.) Two months

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Fredrick Co Md

Date of Burial, March 9th J. Russell Masten M. D.  
Medical Attendant.

{ Undertaker, H. C. Wendt

{ Place of Business, 90 E. Green St Address, Bal. Ave. No. 500

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

2095 Transit

Permit No. 46596

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, *March 8, 1881*

Full Name of Deceased, *Mary Jane White* Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Female* Cross out the word not required in this line.

Age, *9* Years,  Months,  Days.

Color, *white*

Married, Single, Widow or Widower,  Cross out the word not required in this line.

Occupation,

Birthplace, *Balt. Md.* State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, *A. Groff street.* Give street and number.

Cause of Death, *Rheumatic Fever* First, (Primary.)  
*Cardiac Mischief* Second, (Immediate.)  
*See Day*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *H. W. Thomas Co.*

Date of Burial, *March 9, 1881*

Undertaker, *Henry Hreck*

Place of Business, *307 N. Central St.*

Medical Attendant, *H. G. Lusk M.D.*

Address, *Balt. & Wash. Sts.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

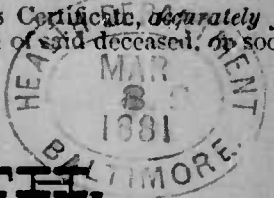
# Board of Health, City of Baltimore

Permit No. 46597

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *delegately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

March 7<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lilly May Oliver

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

14

Months,

Days.

Color,

red

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

101 Orchard St.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Rickets

Duration of Last Sickness,

all its life

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

March 8/81

{ Undertaker,

Mr Davis

{ Place of Business,

Address,

James A. Stearns, M.D.,  
Commissioner of Health  
& Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death of the person, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

James E. Brown

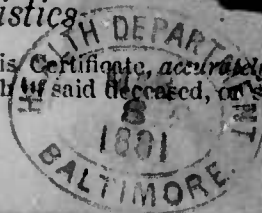


Permit No. 46598

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 6 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane A. Perry Green

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age,        Years,        Months,        Days.

Color, A

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,       

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } # 262. Hamburg St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Asthenia

Duration of Last Sickness,       

All the above information should be furnished by the Physician.

Place of Burial, Shelton St Cem

Date of Burial, March 8 - 1881

Undertaker, Jacob Davis

Place of Business,       

James H. Henshaw M.D.,  
Commissioner of Health

Address, Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Ex by Dr J E Henshaw

# Board of Health, City of Baltimore

Permit No. *46599*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

*March 8<sup>th</sup> 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*William Cordray*

Sex, Male or ~~Female~~,

Cross out the word not required in this line.

Age,

*5* Years,

*10* Months,

*9* Days.

Color,

*White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

*Clerk  
Baltimore  
Lifetime*

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

*No 1 Jefferson St  
Cephalop*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*14 hours*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

*Baltimore Cemetery*

Date of Burial,

*March 9<sup>th</sup> 1881*

*E. H. Rutledge*

M.D.,

Medical Attendant.

Undertaker,

*Wm Weaver*

Place of Business,

*No 202 N. Eutan St Address, 157. Chesapeake St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *Mar. 7, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Gardner*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *50* Years, Months, Days.

Color, *white* Sex, *Female*

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Housekeeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *50 yrs.*

Place of Death, { Give street and number. } *84 Pierce St.*

Cause of Death, { First (Primary,) *Cause of Struck*  
Second (Immediate,) *Inanition*

Duration of Last Sickness, *8 months*

All the above information should be furnished by the Physician.

Place of Burial, *St Peters*

Date of Burial, *March 9 1881*

{ Undertaker, *Matthew Cadogan* Address

{ Place of Business, *227 Mulberry St*

*J. Edwin Michael* M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 46601

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *Mar 7th 1881*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Rose M. Mertz*

Sex, *Male* or Female, Cross out the word not required in this line. *Small*

Age, *7* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the word not required in this line. *Single*

Occupation, *none*

Birthplace, State or Country and how long in the United States, if of foreign birth. *Baltimore*

Duration of Residence in the City of Baltimore, *7 yrs*

Place of Death, Give street and number. *247 Forest St.*

Cause of Death, First, (Primary.) *Membranous croup*  
Second, (Immediate.) *Exhaustion*

Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

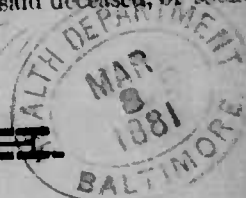
Date of Burial, *March 9 1881*

Undertaker, *Matthew Cadogan*

Place of Business, *227 Mulberry St*

Medical Attendant, *J. H. Prudden M.D.*

Address, *City Hall*



Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as may be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 46602

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 6 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isiah Hazel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 7 Months,  Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Seaman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 30 Smith St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phummitis  
Exhaustion ✓

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9 1881

Undertaker, Hamley & Maablen

Place of Business, 116 Orchard St

G. F. J. Lee M.D.,  
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, March 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Roberta Smith

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Three (3) Years, Seven (7) Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Child

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 104 N. Federal St

Cause of Death, { First, (Primary.) Second, (Immediate,) } Pneumonia

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Land

Date of Burial, March 8th 1881

{ Undertaker, Henry E. Madow } Whitfield Winney M. D. Medical Attendant.

{ Place of Business, 116 E. Fayette St } Address, 116 E. Fayette St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



Permit No. 46604

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 9<sup>th</sup> 1881 10 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Sykes

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 61 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Hotel Supt.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } Clover Lane Hotel Hanover

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cardiac Disease - natural in suppurating,  
Angina Pectoris.

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 9<sup>th</sup> 1881 W. C. Van Buren M.D.,  
Medical Attendant.

{ Undertaker, Andrew G. Hodges

{ Place of Business, 104x6 Grand Ave Address, 47. Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 46605

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



# CERTIFICATE OF DEATH.

Date of Death, March 6<sup>th</sup> 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James R. Carr.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 Years, Months, Days.

Color, White -

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Printer.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Kent, Co. Md.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, { Give street and number. } 210 S. Sharp St. ✓

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cancer of Liver.

Duration of Last Sickness, 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park

Date of Burial, March 8<sup>th</sup> 1888

{ Undertaker, Armstrong & Co.

{ Place of Business, 213 S. 4<sup>th</sup> St. Address, 152 Sharp St.

R. J. N. Tall M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 46606

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *Mar 8<sup>th</sup> 1881*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Hannah Walker*

Sex, ~~Male~~ Female, Cross out the word not required in this line.

Age, *—* Years, *—* Months, *9* Days.

Color, *white*

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Life*

Place of Death, Give street and number.

*572. Hanover St*

Cause of Death, First, (Primary.)

Second, (Immediate.)

*Jaundice*

Duration of Last Sickness, *Since Birth*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *Mar 9<sup>th</sup> 1881*

Undertaker, *C. Hollander & Sons*

Place of Business, *E. Balto St*

Address, *Commissioner of Health & Registrar*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*Exam by John E. Durdin*



Permit No. 46607

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, March 7<sup>th</sup> 1881

Full Name of Deceased, Emma Beck.

Sex, ~~Male~~ or Female, Female

Age, 12 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation,

Birthplace, Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, 111 Park St.

Cause of Death, First, (Primary) Scarlatinae maligna  
Second, (Immediate) Purpura cordis

Duration of Last Sickness, 4 days

Place of Burial, Calvary Cem.

Date of Burial, March 9

Undertaker, Henry Sander

Place of Business, 252 Canton Ave. Address, 245 S. Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Morley

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Porto Rico

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 49 Lucerne

Cause of Death, { First, (Primary.) Capillary Pneumonia  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 9

{ Undertaker, James J. Williams M. D.  
Medical Attendant,

{ Place of Business, 17 Kettles Creek Address, 17 Kettles Creek

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OV4R.]

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, *or sooner* if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

Date of Death, March 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Behringer  
Sex, Male ~~or Female~~. (Cross out the word not)

*Sex, Male or Female.* { Cross out the word not  
required in this line.

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, white

Married, Single, Widow or Widower; } Cross out the word not }  
 } required in this line. }

Occupation.

*Birthplace,* { State or Country and how  
long in the United States,  
if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and }  
number. } 64 Madeira Alley  
First, (Primary.)

Cause of Death, } First, (Primary.) .....  
 } Second, (Immediate.) *Spasms*

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, *Mar 9 1881*

(Undertaker, M. France

(Place of Business, 280 Canton Ave

*Amos A. Stearns* M.D.

Commissioner of Health  
Address, & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Geo. C. Taylor



Permit No. *46610*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *March 8th 1884*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Annie Louisa Heimiller*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *4* Years, *6* Months, *6* Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *Gay & Bond*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Consumption Effusion of the brain*

Duration of Last Sickness, *Went four days*

All the above information should be furnished by the Physician.

Place of Burial, *Wells Cross Cemetery*

Date of Burial, *10 of March 1884*

{ Undertaker, *Mr Schriverus*

{ Place of Business, *Druid Hill avo*

*Milton S Taylor* M.D.,  
Medical Attendant.

Address, *Broadway Mc Elenny*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 8/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Crawford

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. } Female

Age, 26 Years, 8 Months, Days

Color, white

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. } widow

Occupation, nurse

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Delbot Co., Md.

Duration of Residence in the City of Baltimore, about 55 years

Place of Death, { Give street and number. } 118 N. Stricker St.

Cause of Death, { First (Primary,) Septerium of the Brain  
Second (Immediate,) Paralysis

Duration of Last Sickness, ailing for several years, none one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 10/1881

Undertaker, J. B. Brooks

Place of Business, 707 W. Baltimore St.

H. R. Betterhoff M. D.  
Medical Attendant.

Address, 205 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 2<sup>d</sup> of March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Ott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 Years, 0 Months, 0 Days.

Color, White Sex, Female

Married, Single, Widow, Orphan, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Delaware (France)

Duration of Residence in the City of Baltimore, 53 Years

Place of Death, { Give street and number. } 205 West St.

Cause of Death, { First (Primary), Second (Immediate), } Chronic Catarrh of lungs  
Brain trouble is overpowered

Duration of Last Sickness, of feebleness of heart & lungs

All the above information should be furnished by the Physician.

Place of Burial, South Hill M.H. Mann M. D.

Date of Burial, March 10<sup>th</sup> 1887 Medical Attendant.

Undertaker, Geo Saffron Address 120 East St. Baltimore

Place of Business, 121 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Mar 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adolph Letzer

Sex, Male or Female, { cross out the word not required in this line. } M.

Age, 28 Years, 3 Months, 2 Days.

Color, M.

~~Married~~, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Confectioner ✓

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 11 yrs.

Place of Death, { Give street and number } 196 E. Madison St.

Cause of Death { First, (Primary.) Phthisis Pulmonalis  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 10<sup>th</sup>

Undertaker, Geo Schilling

Place of Business, Arkland Square

Address, 186 Duquoin St.

H. T. Remond M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

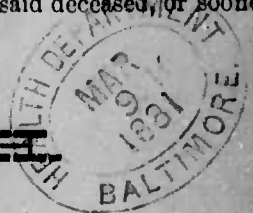
Permit No. 46614

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, March 8<sup>th</sup> 1931

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hennietta Schraler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 Years, 4 Months,        Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Germany

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, { Give street and number. } 217 N. Gay St

Cause of Death, { First, (Primary.) } Broncho-Pneumonia

{ Second, (Immediate.) }

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 10<sup>th</sup>        M.D.,

Medical Attendant.

{ Undertaker, Geo Schilling

{ Place of Business, 12th and E. Square Address,       

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46615*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 8th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Tachau*

Sex, Male or Female, { cross out the word not required in this line. } *Male*

Age, *Seventy two* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Widower*

Occupation, *Retired from business*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Virginia*

Duration of Residence in the City of Baltimore, *Thirty years*

Place of Death, { Give street and number } *No 414 N. Calvert St*

Cause of Death { First, (Primary.) *Paralysis*  
Second, (Immediate.) *" ditto*

Duration of last Sickness, *(Many months)*

All the above information should be furnished by the Physician.

Place of Burial, *Mt Oliver*

Date of Burial, *March 10th 1881* *Jos: Lloyd Martin* M. D.  
Medical Attendant.

Undertaker, *Denny & Mitchell*

Place of Business, *68 S Broadway* Address, *38 Mt Vernon Place*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



Permit No. 46616

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, March 8<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annon. Heideck,

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 77 Years, Months, 2 Days.

Color, White.


Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Single~~

Occupation, Cabinet Maker.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany,

Duration of Residence in the City of Baltimore, 40 Yrs.

Place of Death, { Give street and number. } 11 McLure St.

Cause of Death, { First, (Primary.) Chronic Alcoholism. Second, (Immediate.) Exhaustion. } 

Duration of Last Sickness, 4 Yrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 10. 1881

Undertaker, John Herwig

Place of Business, 382 Calver St.

Medical Attendant, J. W. Chambers M.D., Address, 208 N. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 46617

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

March 8

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Albert Hall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years,

Months,

Days.

Color,

Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

P.C.

Duration of Residence in the City of Baltimore,

4 yrs

Place of Death, { Give street and number. }

23 Canton St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Gastritis  
convulsion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

March 9 1881

{ Undertaker,

W. A. Dwyer

{ Place of Business,

No 62. East St

Address,

313 Light St

Dr. J. D. Smith M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 46618

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 8<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Hattie Elizabeth Banks*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Six* Years, *Eight* Months, *Eight* Days.

Color, *Black*

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Six months & eight days*

Place of Death, { Give street and number. } *to 50 Vincent Alley*

Cause of Death, { First (Primary), Second (Immediate), } *Murassus*  
*Amputation*

Duration of Last Sickness, *Nine weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

Date of Burial, *March 9<sup>th</sup> 1881*

{ Undertaker, Place of Business, } *Wm. C. Dungee*  
*No 62. East St*

*Edward M. Wise* M. D.  
Medical Attendant.

Address *Gilman & Lexington St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46619

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, *or sooner*, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 8. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura L. Taylor

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 20 Years, 1 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Milliner

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. City, Md.

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and number. } 448 N. Calhoun St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Peritonitis  
Diarrhoea

Duration of Last Sickness, 11

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 10 1881

{ Undertaker, } Wm. Chennouet

{ Place of Business, } 336 Penna Ave

J. H. Christian M.D.,  
Medical Attendant.

Address, 431 Penna Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 46120

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

# CERTIFICATE OF DEATH.



Date of Death, 8<sup>th</sup> March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Jander

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age,    / Years,    Months, 5 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,   

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,   

Place of Death, { Give street and number. } 275 W Lombard

Cause of Death, { First, (Primary.) Diphtheritic Croup }  
 { Second, (Immediate.)    }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Chel. Thalam Cemetery

Date of Burial, March 10 1881 H. W. Webster M.D.,

{ Undertaker, Wm. Eilan }

{ Place of Business, 101 Gough Address, 371 Barnes }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately, or to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

3<sup>rd</sup> Mo<sup>th</sup> 1881

Elizabeth Moran

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { cross out the word not required in this line. }

Age, 66 Years,

Months, Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation,

Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

During her life

Place of Death, { Give street and number }

444 N. Central Avenue

Cause of Death { First, (Primary.) Second, (Immediate.) }

Heart disease insufficiency of Mitral valve

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

W. Riley M. D. Medical Attendant.

Date of Burial, March 10<sup>th</sup> 1881

Undertaker, Henry W. Mears

Place of Business, 43<sup>rd</sup> N. Gay St

Address, 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. MULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 8. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Agnes M. Govern

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 14 1/2 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 37 Eiting Street

Cause of Death { First, (Primary,) Cerebro spinal meningitis  
Second, (Immediate,) Coma

Duration of last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 10 1881

Undertaker, John T. Scriven

Place of Business, 211 N. Euting St

Address, 68 W. Euting St

Medical Attendant, Marbury Brewer M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 46623

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Gallagher

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 13 Months, \_\_\_\_\_ Days.

Color, White Sex, F

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. }

C or of Oliver & Catharine  
Pertussis  
Pneumonia

Cause of Death, { First (Primary,)  
Second (Immediate.) }

Duration of Last Sickness, \_\_\_\_\_

Seen only twice

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

C B Hamble M. D.  
Medical Attendant.

Date of Burial, March 9<sup>th</sup> 1881

Undertaker, Chas T Scriven

Place of Business, 2711 Cutaw St Address

59 Catharine

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, Mar 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Jones

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 2 Years, 2 Months, 1 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 131 Sanchez St

Cause of Death, { First (Primary,) Diphtheria }  
{ Second (Immediate,) None }

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent & St

Date of Burial, March 9<sup>th</sup> 1881

{ Undertaker, John Stacher }

{ Place of Business, 100 S. Calver St }

J. J. W. Smith

M. D.

Medical Attendant.

Address, 205 N. Calver St

### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 7th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eliza Letta Beard

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Forty two Years,

Months, Days.

Color,

Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

None

Occupation,

Baltimore la

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Nearly 4 Months

Duration of Residence in the City of Baltimore,

63 Orchard St

Place of Death, { Give street and number }

Phthisis Pulmonalis

Cause of Death { First, (Primary,) Second, (Immediate,) }

Mont three years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt County, Md.

Elias C Price M. D.

Medical Attendant.

Date of Burial, March 10th 1881

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. BULLMAN & CO. CITY PRINTERS AND STATIONERS.

Transit 2097

Permit No. 46626

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH.

Date of Death, *March 8, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Henson Grates*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *45* Years, Months, Days.

Color, *Mulatto*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation, *Washer*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Maryland*

Duration of Residence in the City of Baltimore, *Since Sept. 1, 1880*

Place of Death, { Give street and number. } *201 Pierce St.*

Cause of Death, { First (Primary.) Second (Immediate.) } *Pulmonary Phthisis*  
*Profuse Hemorrhage*

Duration of Last Sickness, *about 4 years*

All the above information should be furnished by the Physician.

Place of Burial, *Annapolis Md*

Date of Burial, *March 9, 1881*

Undertaker, *Bonsley & Madden*

Place of Business, *319 Madison Ave*

*John Henry Thomas* M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2098 Transit

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, March 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robt Stanley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 5 Months, Days.

Color, B Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 173 Biddle Cor Eutaw

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and number. } 11 Biddle

Cause of Death, { First (Primary,) inability to receive nourishment  
Second (Immediate,) inflammation of Heart.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery William Lee M. D.

Date of Burial, Mar 10th 1881 Medical Attendant.

{ Undertaker, The J. Locks Address Eutaw & Hoffman

{ Place of Business, 73 Jefferson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 46628

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, March 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Heloise O'Brien

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years,

Months,

Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Wexford, Ireland,

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Asylum of the Little Sisters of the Poor  
Cor: John and Valley Street.

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Chronic Dysentery

Duration of Last Sickness, ten Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 10<sup>th</sup> 1881

{ Undertaker, Henry Altheis

{ Place of Business,

Wm. Brooke Boyle M.D.,  
Medical Attendant.

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

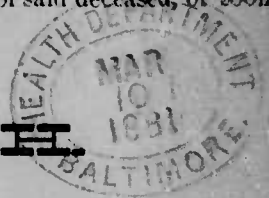
# Board of Health, City of Baltimore,

Permit No. 46629

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *March 8th 1881*

Full Name of Deceased, *Mary Fanner*  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Female*  
{ Cross out the word not required in this line. }

Age, *20* Years, *a few months* Months, *10* Days.

Color, *Colored*

Married, Single, Widow or Widower, *Single*  
{ Cross out the word not required in this line. }

Occupation, *Ballad*

Birthplace, *Baltimore*  
{ State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *24 E. Baltimore St.*

Place of Death, *24 E. Baltimore St.*  
{ Give street and number. }

Cause of Death, *Respiratory Distress (7th month)*  
{ First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *10 March*

Undertaker, *Adam Fink*

Place of Business, *461 N. Gay St.*

Address, *St. Albans*

*Kohlman* M.D.,  
 Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Mar. 9<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Askins

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 25 Years, — Months, — Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Labourer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, { Give street and number } 44 Bolton St.

Cause of Death, { First, (Primary,) A tumour in chest; its exact nature will be unknown until after post mortem  
Second, (Immediate,) after post mortem

Duration of last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Lambert Cemetery

Date of Burial, March 11 1881 H. F. Hill M. D. Medical Attendant.

{ Undertaker, Frederick J. Kammeth

{ Place of Business, No 83 Poppleton St Address, 381 Franklin St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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(over)



Permit No. 46631

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Dec. 8th 1881 at 2 o'clock P.m.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mattie Plummer

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 1 1/2 Years, — Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } A. A. County and

Duration of Residence in the City of Baltimore, 8 months

Place of Death, { Give street and number } 229 Doan St. Baltimore

Cause of Death { First, (Primary,) Consumption  
Second, (Immediate,) 6 years ✓

Duration of last Sickness, 6 years ✓

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Cemetery

Date of Burial, March 10 1882

Undertaker, Sam'l W. Chase

Place of Business, 198 S Howard Address, Forrester & Son

C. C. Richardson M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Permit No. 46633

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



# CERTIFICATE OF DEATH

Date of Death, March 7, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan T. Valentine

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 15 Years, 8 Months, Days.

Color, black

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 42 Pine St

Cause of Death, { First, (Primary.) Typhoid fever }  
{ Second, (Immediate.) }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Bennett's Lane Taneyhill

Date of Burial, March 10<sup>th</sup> 1881 M.D.,

Medical Attendant.

{ Undertaker, Samuel H. Chase }

{ Place of Business, 198 S. Howard St } Address, 129 W. Biddle

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 8<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James M. Carley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 73 Years, 11 Months,  Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Co. Md.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } 133 Mulberry St. Balt.

Cause of Death, { First (Primary), Second (Immediate), } Congestion of Brain

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, March 11-1881

{ Undertaker, Stewart & Mowen

{ Place of Business, 35 Park Ave

Address

24 Cathedral St.

L. J. Miles

M. D.

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 8 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Louise Sundin

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 Years, 7 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Lady

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Annapolis Md

Duration of Residence in the City of Baltimore, about twenty years

Place of Death, { Give street and number } 243 Mculloch st

Cause of Death, { First, (Primary,) Erysipelas Second, (Immediate,) Cardiac Complications with cessation of menstruation } Total 4 weeks

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, March 11 1881

Undertaker, Stewart & Mowbray

Place of Business, 300 Rector St

Address, Madison Ave

Medical Attendant, A. H. S. L. M. D.

5-43 Stuyvesant

with Henry M. Wilson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 9th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Koller

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 Years, 10 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } 72 E. Eager St.

Cause of Death { First, (Primary,) Diphtheria  
Second, (Immediate,) Diphtheritic Croup }

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Va

Date of Burial, March 10 1881

{ Undertaker, E. A. Carman

{ Place of Business, 38 E. Eager St.

Address, Cor Fayette & Schradewitz

A. C. Fox M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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2101 Transit

[OVER.]



Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 9<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Grace Augusta Mason*

Sex, *Male* or Female, { cross out the word not required in this line. }

Age, *3* Years, *4* Months, *11* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Bath City*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *life*

Duration of Residence in the City of Baltimore, *318 N Lombard St*

Place of Death, { Give street and number } *Diphtheria (Laryngeal)*

Cause of Death { First, (Primary.) Second, (Immediate.) } *48 hours*

Duration of last Sickness, *48 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Linden Park Cemetery*

Date of Burial, *March 11*

Undertaker, *Joseph Cook*

Place of Business, *107 W 1<sup>st</sup> St* Address, *16 S Paca St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 9<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

*Maggie Weddell*

Sex, Male or Female, { Cross out the word not required in this line. }

*Female*

Age, *(Adult) 39* Years,

Months,

Days.

Color,

*White*

Sex,

*Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

*Single*

Occupation,

*Dress-maker*

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

*178 W. Biddle St.*

Cause of Death, { First (Primary),  
Second (Immediate.) }

*Valvular insufficiency and  
hypertrophy of heart.  
Exhaustion*

Duration of Last Sickness,

*3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Landon Park*

Date of Burial, *March 11<sup>th</sup> 1881*

{ Undertaker, *Chas T. Scriven*

{ Place of Business, *271 N. Eutaw St*

*J. D. Thomson* M. D.  
Medical Attendant

Address *187 W. Biddle St.*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.



Date of Death, March 9, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gallonay Cheston

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 75 Years, 10 Months, 2 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 315. Madison Ave

Cause of Death, { First (Primary), Second (Immediate), } Cancerous disease of stomach, succeeded by Pneumonia

Duration of Last Sickness, Confined to bed about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 11<sup>th</sup> 1881

J. A. Carey Thomas M. D.  
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

Address 317 Madison Ave

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46640

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *March 8<sup>th</sup> - 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elizabeth Howe*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *5-6* Years, Months, *✓* Days.

Color, *Black*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *30 years*

Place of Death, { Give street and number. } *No 259 Orleans St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Ovarian Tumor Peritonitis*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Albany Evergreen Cemetery*

Date of Burial, *March 10<sup>th</sup> 1881*

*Wm. C. Rimmer* M.D.,  
Medical Attendant.

{ Undertaker, *Wm. N. Singer*

{ Place of Business, *No 62 East St*

Address, *Paradise Ave*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

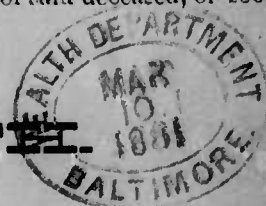
Permit No. 46641

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes Elizabeth Ford

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 7 Months, 29 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balto -

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Hopkins Al near Patterson Ave

Cause of Death, { First, (Primary.) } Scarlet Fever  
{ Second, (Immediate.) }

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 10<sup>th</sup> 1881

Undertaker, W. N. Dwyer

Place of Business, No. 62 East St

Only saw the child once, the morning before its death.

Chas C Scatter M.D.,  
Medical Attendant.

Address, 649 Penna Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 46642

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Edward Cooke

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 64 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, ch

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Fredericksburg Va.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and number. } 169 Trusey St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Lead Poisoning

Duration of Last Sickness, Nearly 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 10th 1881

W. N. Dungee M.D.,  
Undertaker, No 62 East St Medical Attendant.

Address, Bar K & Muthing

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



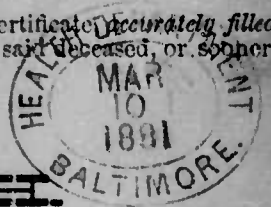
# Board of Health, City of Baltimore,

Permit No. *46643*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *March 9th, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henry Teeler*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *4* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City, Md.*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *238 S. Durham St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Internal Convulsions.*

Duration of Last Sickness, *Two days.*

All the above information should be furnished by the Physician.

Place of Burial, *First United German Cemetery*

Date of Burial, *10th March 1881*

Undertaker, *Wm. Nicolaus*

Place of Business, *258 Alice Ann St.* Address, *243 Alice Ann St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 5, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Benjamin Franklin Jones

Sex, Male or ~~Female~~ { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 2 Months, 19 Days.

Color, colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balto. Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number }

120 Jasper St.

Cause of Death { First, (Primary.)

Enteritis

Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetery

Date of Burial, March 10<sup>th</sup> 1881

{ Undertaker, Andrews & Hodges

{ Place of Business, No 4 & 6 Duval Hotel Ave

F. J. Leller

M. D.

Medical Attendant.

Address, 126 W. Eutaw St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~Female~~, { Cross out the words not required in this line. }

Age, Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 11<sup>th</sup> 1881

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Daniel Hill Ave

March 9<sup>th</sup> 1881  
Raymond C. Sitter,

5 Months,

White,

Days

Baltimore City

all his life

90 Myrtle Ave.

Confection of the Lungs.

5 days.

Dr. J. R. Meyer M.D.  
Medical Attendant

Address, 273 Lexington St.

### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46646

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, March 10<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Clocker

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, Fifty four Years,

Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } St. Mary's County - Maryland

Duration of Residence in the City of Baltimore, About one year

Place of Death, { Give street and number. } S. E. Cor. Lombard & Carey Streets

Cause of Death, { First (Primary,) Phthisis Pulmonalis  
Second (Immediate,) Pneumonia

Duration of Last Sickness, That of Consumption - about four years  
That of Pneumonia - about five days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, March 11<sup>th</sup> 1881

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St

Address, Cor. Calhoun & Hollins Sts.

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lee

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 40 Years, Months, Days,

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, { Give street and number } 127 N. Central Ave

Cause of Death { First, (Primary.) Consumption  
Second, (Immediate.) \_\_\_\_\_ }

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, March 10

Undertaker, Wm. J. G. Dulany & Co.

Place of Business, 319 N. Central Ave

Edwin B. Fendley M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> ~~out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said deceased~~, <sup>deceased</sup>, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 9th 1881

Full Name of Deceased, <sup>{ Write legibly and spell correctly. If an Infant not named, give names of parents. }</sup> John Krebs

Sex, Male or Female, <sup>{ cross out the word not required in this line. }</sup> Male

Age, 7 Years, 12 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, <sup>{ Cross out the word not required in this line. }</sup> Single

Occupation, all his life

Birthplace, <sup>{ State or country, (and how long in the United States, if of foreign birth. }</sup> Balt. City

Duration of Residence in the City of Baltimore, all his life

Place of Death, <sup>{ Give street and number }</sup> 52 S. Wolf St

Cause of Death, <sup>{ First, (Primary.) Second, (Immediate.) }</sup> Cerebral Meningitis

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, March 10th 81 E. P. Evans M. D. Medical Attendant.

{ Undertaker, M. Evans

{ Place of Business, 250 E. Canton St Address, 406 E. Baltimore St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. LULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



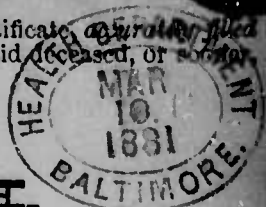


Permit No. 46650

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>as required by law</sup> out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, *March 9th 1881.*  
 Full Name of Deceased, <sup>Write legibly and spell correctly. If an Infant not named, give names of parents.</sup> *Alexander Stevens*  
 Sex, Male or Female, <sup>Cross out the word not required in this line.</sup> *Male*  
 Age, *63* Years, *—* Months, *—* Days.

Color, *White*  
 Married, Single, Widow or Widower, <sup>Cross out the word not required in this line.</sup> *Widower*

Occupation, *Ship Keeper.*

Birthplace, <sup>State or Country and how long in the United States, if of foreign birth.</sup> *Sweden*

Duration of Residence in the City of Baltimore, *Five Months*

Place of Death, <sup>Give street and number.</sup> *167 1/2 Ann St*

Cause of Death, <sup>First, (Primary.)</sup> *Cronic Bright Disease*  
<sup>Second, (Immediate.)</sup>

Duration of Last Sickness, *About Eighteen Months*

All the above information should be furnished by the Physician.

Place of Burial, *M. C. Cemetery P. R.*

Date of Burial, *March 11th 1881*

Undertaker, *Elisha Cox*

Place of Business, *24 & 26 Bank St*

*D. M. Battelle* M.D.,  
 Medical Attendant.

Address, *217 Broadway*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *46651*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



# CERTIFICATE OF DEATH

Date of Death, *March 9 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Andrew Diesel*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *79* Years, Months, *✓* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *No occupation*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Bavaria Germany*

Duration of Residence in the City of Baltimore, *36 years*

Place of Death, { Give street and number. } *257 N. Duncan*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Asthma and Arterio Sclerosis*  
*Asthma*

Duration of Last Sickness, *Three 3 years*

All the above information should be furnished by the Physician.

Place of Burial, *St. Stephens*

Date of Burial, *March 11 1881* M.D.,

Undertaker, *M. Frank*

Place of Business, *35 Bank* Address,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



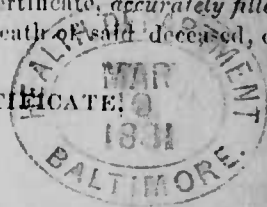
# Board of Health, City of Baltimore,

Permit No. 46652

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, March 8th 81.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estella Price

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 6 Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore Md

Duration of Residence in the City of Baltimore, six months

Place of Death, { Give street and number. } 141 North St

Cause of Death, { First (Primary,) Pneumonia Second (Immediate,) Exhaustion }

Duration of Last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 10 1881

{ Undertaker, A. Wayman Address 57 N. Calvert St

{ Place of Business, 13. Saratoga

M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

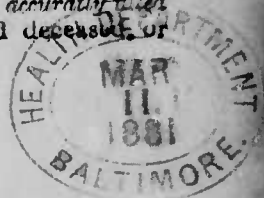
## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



### CERTIFICATE OF DEATH.

Date of Death, March 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Zeinn O'Connor

Sex, Male ~~Female~~, { cross out the word not required in this line. }

Age, 37 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number } 64 S. Arlington Ave

Cause of Death, { First, (Primary.) Miscarriage of 10 weeks gestation  
Second, (Immediate,) Tetanus

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's cemetery

Date of Burial, 11<sup>th</sup> March John Neff M. D. Medical Attendant.

{ Undertaker, Matthew Calogian

{ Place of Business, 227 N. Broadway Address, 204 N. Carrollton Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[074k.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Hyde

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 45 Years, — Months, — Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk to City Council

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Cecil Co. Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number } St Vincent's Hospital

Cause of Death, { First, (Primary,) Cirrhosis of the Liver  
Second, (Immediate,) — }

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 11<sup>th</sup> 1881

Undertaker, Jas D Byrne

Place of Business, 63 Front St

Address, 283 W. Lombard

Medical Attendant,

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary M. Cour

Sex, Male or Female, { cross out the word not required in this line. }

Age, 45 Years, Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Irishman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and number } No 6 Hillman St

Cause of Death { First, (Primary) Second, (Immediate,) } Consumption

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, March 11/1881 Silas A. Hunter M. D. Medical Attendant.

{ Undertaker, W. B. Byrnes }

{ Place of Business, No 68 East St Address, 36 Greenmount Ave }

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 10<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant one hour old

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, one hour Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Infant

Occupation, Infant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 63 N. High St. - Mother visiting from New York

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 63 N. High St.

Cause of Death, { First, (Primary.) Ledious Instrumental Labor  
Second, (Immediate,) By Andrew H. Shorter }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial, March 11<sup>th</sup> 1881

{ Undertaker, Wm. W. Hears }

{ Place of Business, 45 N. Gay St. Address, 11 S. High St. }

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[974E.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 9<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Philip Rooney Hess*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *four* Years, *six* Months, *nine* Days.

Color, *White* Sex, *Male*

~~Married~~, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *John Street near Calvert*

Cause of Death, { First (Primary), Second (Immediate). } *Scarlet Fever*

Duration of Last Sickness, *thirty hours.*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross*

Date of Burial, *March 11<sup>th</sup> 1881*

*Wm. Green* M. D.  
Medical Attendant.

{ Undertaker, *Chas. T. Scribn* Address *271 N. Eutaw St* }

{ Place of Business, *271 N. Eutaw St* }

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

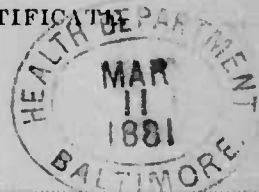
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March - 9 - 1881 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George A. Lang.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 - Years, 9 - Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Trasher -

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Bavaria, Germany

Duration of Residence in the City of Baltimore, 25 years -

Place of Death, { Give street and number. } No. 46 Grandy St.

Cause of Death, { First (Primary, Chronic Malarial fever) Broncho-pneumonia }  
{ Second (Immediate,) Apnea - }

Duration of Last Sickness, as reported

All the above information should be furnished by the Physician.

Place of Burial, Baltimore (near) B. 7<sup>th</sup> Grove

Date of Burial, March 12<sup>th</sup> 1881

M. D.

Medical Attendant.

{ Undertaker, Harry J. Under

Address 28 S. Euter St.

{ Place of Business, 252 Canton St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46659

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

March 10, 1880

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Wade Hampton

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Bath

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

174 S. Charles

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Congestion of the Brain

Duration of Last Sickness,

8 hours

All the above information should be furnished by the Physician.

Place of Burial,

Western cemetery

Date of Burial,

March 11 1880

Herodone Coste M.D.,  
Medical Attendant.

Undertaker,

Jos B. Cook

Place of Business,

107 N. Baltimore Street

Address,

146 Hammond

From Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as may be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 46660

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, 10<sup>th</sup> March - 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rudolph. Pagenstecher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, (38) Thirty Eight Years, Months, Days.

Color, White

Married, Single, Widower, or Widowed, { Cross out the word not required in this line. }

Occupation, Merchant.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Hamburg Germany.

Duration of Residence in the City of Baltimore, Five (5) yrs.

Place of Death, { Give street and number. } 102<sup>nd</sup> Calhoun St. Baltimore.

Cause of Death, { First, (Primary.) Acute Rheumatic fever. Second, (Immediate.) Convulsion - causing cerebral hemorrhage.

Duration of Last Sickness, about 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 13<sup>th</sup> 1881

{ Undertaker, Howland & Son

{ Place of Business, 75 N. Cha. St.

Me C Mann Bibber M.D.,  
Medical Attendant.

Address, 47. Franklin St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 4666

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, March 10<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Thomas Spicer

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 61 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 82 W. Cullagh St

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate.) Cerebral Embolism } ✓

Duration of Last Sickness, About 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 11<sup>th</sup> March 1881 Chas O'Donovan M.D.,  
Medical Attendant.

{ Undertaker, A.W. Jenkins & Son

{ Place of Business, 75 N. Charles } Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

## Board of Health, City of Baltimore,

Permit No. 46667

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 10<sup>th</sup> March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Parents Richard & Virginia Quinter

Sex, Male or Female, { cross out the word not required in this line. } male

Age, \_\_\_\_\_ Years, 5 Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number } No 12 Parrish alley

Cause of Death, { First, (Primary.) Infection  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, M. Public Cemetery

Date of Burial, Mar 11 1881 M. K. Warner M. D.

Medical Attendant.

{ Undertaker, J. A. Kerchner

{ Place of Business, S. Carrollton Address, Shelton & Townsend St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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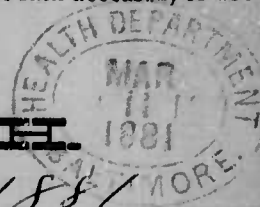
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Permit No. 46663

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, 10th March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Cooper

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Driver

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore M.O.

Duration of Residence in the City of Baltimore, 52 years

Place of Death, { Give street and number. } 55 West St

Cause of Death, { First, (Primary.) Erysipelas }  
{ Second, (Immediate.) }

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 11th 1881

H. W. Webster M.D.,  
Medical Attendant.

{ Undertaker, Armstrong & Gentry }

{ Place of Business, 203 Light St } Address, 57 Marine St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46664*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 10th. 9:20 P. M.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mrs. Virginia Shoet*

Sex, Male or Female, { cross out the word not required in this line. } *Female*

Age, *One* Years, *10* Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Since birth.*

Place of Death, { Give street and number } *#115 Columbia Ave.*

Cause of Death { First, (Primary.) Second, (Immediate.) } *Gastric Colic*

Duration of last Sickness, *Seven days.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Mary's Cemetery*

Date of Burial, *March 12th 1881*

Undertaker, *John H. Hatcher*

Place of Business, *12th & Calver*

*Wm. M. Anderson* M. D.  
Medical Attendant.

Address, *12th & Calver*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Page

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 10/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fredrick Wreftner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 15 Years, 3 Months,  Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt, Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 16 Hull St

Cause of Death, { First, (Primary.) } Myocard Disease of Heart  
{ Second, (Immediate,) } Inflammation of Stomach

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 13th 1881

Undertaker, Adler Frey

Place of Business, 91 E. 11th St

Address, 229 W. Lombard St

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 46666

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 10 2 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Herrmann Seippel*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 8 Months, Days.

Color, *Wh.*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *2 years*

Place of Death, { Give street and number. } *265 S. Duken*

Cause of Death, { First, (Primary.) *Hydrocephalus acutus*  
Second, (Immediate.) *Eclampsia* }

Duration of Last Sickness, *7 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *5th Beformt German Cemetery*

Date of Burial, *13th March 1881*

{ Undertaker, *Wm. Nicolaus*

{ Place of Business, *258 N. Hollon*

Address, *240 S. Baltimore*

*Flathra* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. *46667*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

# CERTIFICATE OF DEATH.



Date of Death, *March 9th 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John H. Green*

Sex, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, *35* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *Colored*

Married, *Single*, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, *Barber*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Always*

Place of Death, { Give street and number. } *90 Church St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Hypertrophy of the Heart*

Duration of Last Sickness, \_\_\_\_\_  
All the above information should be furnished by the Physician.

Place of Burial,  *Laurel Cemetery*

Date of Burial, *Mar 11 1881*

{ Undertaker, *Henry and Mackle*

{ Place of Business, *116 O'Charles St*

*Boat Bell* M.D.,  
Medical Attendant  
*Coroner J. D. Dick*  
Address, *161 So Sharp St*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46668

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, *March 9. 1881.*

Full Name of Deceased, *George Lewis,* { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, *Male,* { Cross out the word not required in this line. }

Age, *66* Years, *9* Months,  Days.

Color, *Negro* Sex, *M.*

Married, Single, Widowed or Widower, *Single,* { Cross out the words not required in this line. }

Occupation, *Laborer -*

Birthplace, *Talbot Co. Md. -* { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *35 years -*

Place of Death, *Tyson Court -* { Give street and number. }

Cause of Death, *Phtisis Pulmonalis* { First (Primary,) Second (Immediate,) } *Acthwa*

Duration of Last Sickness, *2 years -*

All the above information should be furnished by the Physician.

Place of Burial, *Grand Cemetery*

Date of Burial, *March 11<sup>th</sup> 1881*

Undertaker, *Wm. M. Madden*

Place of Business, *Orchard St* Address *247 Landon St*

*J. L. Doyle* M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { cross out the word not required in this line. }

Age, About 50 Years, Months, Days.

Color, Black

Married, Single, Widow or { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number } University Hospital

Cause of Death { First, (Primary,) Pneumonia  
Second, (Immediate,) Asthenia  
5 Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Mch 11/81

Undertaker, J. A. Meschier

Place of Business, 50 Carrollton Ave Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Friday, March 11

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob M. Annacast

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 69 Years, 2 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Stone Mason

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Over 100 years

Place of Death, { Give street and number } 220 Constitution St.

Cause of Death { First, (Primary,) Phthisis  
Second, (Immediate,) Pneumonia

Duration of last Sickness, Five Years

All the above information should be furnished by the Physician.

Place of Burial, Balti. Cemetery

Date of Burial, March 13. 11

Undertaker, John W. Jackson

Place of Business, 528 North Gay St. Address, Balti. Md.

William B. Brinton M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. BULANTY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

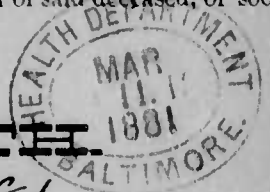
# Board of Health, City of Baltimore,

Permit No. 46671

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 10<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Sutton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, Bright

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Congenital Hydrocephalus

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, Mar 12 1881

{ Undertaker, P. Mullin

{ Place of Business, S. P. Park Ave Address, 177 St Paul St

E. J. Ward M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

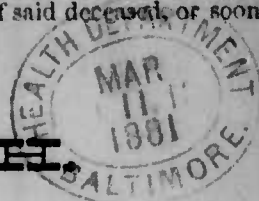
# Board of Health, City of Baltimore,

Permit No. 46672

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

Mar 10/81

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Catharine Hopkins

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balto Md

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

57 St Paul St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Intention  
Convulsion

Duration of Last Sickness,

3 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Church

Date of Burial,

Mar 12 1881

J. J. Ward

M.D.,

Medical Attendant.

Undertaker,

P. Mullin

Place of Business,

S. P. Park Ave

Address,

127 St Paul St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 46673

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

March 11<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward Tolson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

Months,

11

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

217 S Ann St

Cause of Death,

{ First, (Primary.) }

Congenital Syphilis

{ Second, (Immediate.) }

Asthenia

Duration of Last Sickness,

Since birth, also prior

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel

Date of Burial,

March 11<sup>th</sup>

M.D.,

{ Undertaker,

Wm. Niccolaus

Medical Attendant.

{ Place of Business,

255 Alice Ann St Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

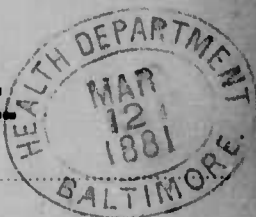
Permit No. *48674*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

*Mar 12/81*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Sydney Harris*

Sex, Male or Female,

Cross out the word not required in this line.

Age,

*6*

Years,

*6*

Months,

Days.

Color,

*Bright*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Baltimore Md*

Duration of Residence in the City of Baltimore,

*Lifetime*

Place of Death,

Give street and number.

*57 St Paul St*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Starvation*

Duration of Last Sickness,

*57 St Paul St*

All the above information should be furnished by the Physician.

Place of Burial,

*St. Peter's Cemetery*

Date of Burial,

*Mar 12 1881*

*J. J. Ward* M.D.,  
Medical Attendant.

Undertaker,

*Patrick Mullin*

Place of Business,

*P. Park Ave*

Address,

*127 St Paul St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*OVER*

Board of Health, City of Baltimore,  
Office of Registrar of Vital Statistics.

Permit No. 46675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Feb 10. 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Webster Brown.

Sex, Male or Female,

Cross out the word not required in this line.

Months,

29

Days.

Age,

18

Years.

Color,

Colored.

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Single, White

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balti City. Lifeguard.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

83 Oxford St. Mutual Resurrection.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Heart Exhaustion.

Duration of Last Sickness,

6 months.

All the above information should be furnished by the Physician.

Place of Burial,

Spring Cemetery

Date of Burial,

March 12 1881

Undertaker,

W. H. Chase

Place of Business,

98 Howard St

J. W. Chambers

M.D.,

Medical Attendant.

Address,

208 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 46675

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No Permit for Burial

## CERTIFICATE OF DEATH

Date of Death,

Feb 10. 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Color,

Married, Single, Widow or Widower,

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's

Date of Burial, March 12 1881

Undertaker, Patrick M.

Place of Business, P. Park

Extract from Regulations of the Board of Health

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



No. 27100

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 46670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *personally filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

# CERTIFICATE OF DEATH.

Date of Death, March, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Allen Sanders

Sex, ~~Male or Female~~, { cross out the word not  
required in this line. } \_\_\_\_\_

Age, 18 Years, — Months, 15 Days

Color, *red*

Married, Single, ~~Widow or Widower~~, { Cross out the word not  
required in this line. }

Occupation, Labourer

Birthplace, { State or country, (and how }  
 { long in the United States. }  
 { if of foreign birth. }

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and number } 6 Limple St

Cause of Death, } First, (Primary,) .....  
 } Second, (Immediate,) ..... *Rhthisis Pulmonalis*

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, March 12 1881, St. Elizabeth's Church

(Undertaker, *W. H. Moore*)

Place of Business, 198<sup>th</sup> Howard St. Address, 11 S. Hazel St.

*Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 46677

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, March 10<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Asa. Ch. Burrows

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, 5 Months, 7 Days.

Color,

Married, ~~Single~~ Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,  Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 13<sup>th</sup> 1881

{ Undertaker, J. B. Cook

{ Place of Business, 707 N. Baltimore St Address, 343 7th. Lane. W. M.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore

Permit No. 46678

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, March 11 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Price

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,        Years,        Months, 12 Hours Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }       

Occupation,       

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } #374 McHenry St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Oliver

Date of Burial, March 12 - 1881 Miss Stearns M.D.,

{ Undertaker, J M Demas & Co Commissioners of Health

{ Place of Business, 782 W Dall St Address, The Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

at by Jno E Stearns



# Board of Health, City of Baltimore,

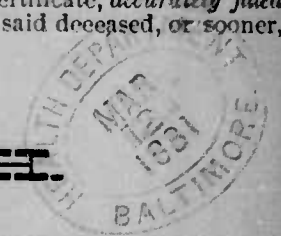
Permit No. 446 679

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, March 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Paul E. Price

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 12 Hours Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

#374 McHenry St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Convulsions

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial, Mt Olive

Date of Burial, March 12-1881

{ Undertaker, S.M. Leonard,

James H. Leonard, M.D., Commissioner of Health

{ Place of Business, 782 W Baltimore Address,

+ Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Ex by John E. Leonard

# Board of Health, City of Baltimore.

Permit No. 46680

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

11 April 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ellie Stenley

Sex, Male or Female,

Cross out the word not required in this line.

Age,

3 Years,

5 Months,

14 Days.

Color,

White.

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

96 E. Pratt St. (m)

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Scarlatina

Duration of Last Sickness,

14 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore County

Date of Burial,

April 11

C. H. Kottmann M.D.,  
Medical Attendant.

Undertaker,

Wendell D. Dyer

Place of Business,

151 Bond St.

Address,

57 Chesapeake St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 10, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eva Mury Nicholls.

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 3 Years, 2 Months, 15 Days.

Color, White.

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Denmark.

Duration of Residence in the City of Baltimore, Nine Months.

Place of Death, { Give street and number } 9 Park Ave.

Cause of Death { First, (Primary,) Acute meningitis. Second, (Immediate,) forty days.

Duration of last Sickness, forty days.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Ch.

Date of Burial, March 12.

Undertaker, Stuart & Munn.

Place of Business, 35 Park Ave. Address, 135 S. Howard St.

M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 11/81

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

May. Darrell

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age,

14 Years,

10 Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~, ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Franklin, Pa

Duration of Residence in the City of Baltimore,

9 years

Place of Death, { Give street and number }

No 374 Madison Ave

Cause of Death

{ First, (Primary.)

Second, (Immediate.)

Gastrointestinal Remittent Fever  
Disease of the heart  
3 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt Co

Date of Burial,

March 13/81

{ Undertaker

Shaw & Williams

{ Place of Business

351 Pacific

Address,

Thomas Shearer M. D.  
Medical Attendant.  
97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46683

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, 11<sup>th</sup> March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Gill

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 1 Days.

Color, 1 r

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, 13 aet. ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 32 S. Egleston

Cause of Death, { First, (Primary.) Premature Birth  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, March 11<sup>th</sup> 1881

{ Undertaker, Henry W. Means  
Place of Business, 45 N. Gay St. Address, 57 13<sup>th</sup> St.

T. W. Welster M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. *46684*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, *March 11 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ellen Mettee*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *3* Years, *1* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *—*

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Mexico - city*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *7 Plowman St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Capillary Bronchitis*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

Date of Burial, *March 12<sup>th</sup> 1881*

Undertaker, *Henry W. Mears*

Place of Business, *45 N. Gay St* Address, *—*

*A. B. Arnold* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *generally filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Grace E. Kell

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 1 Years, 1 Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number } #267. Broadway St

Cause of Death { First, (Primary,) Convulsions  
Second, (Immediate,) nothing

Duration of last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday 13<sup>th</sup>

{ Undertaker, Wm. H. Backman

{ Place of Business, 234 N. Gay St Address, 862. Fayette St.

G. A. Dohme M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 12<sup>th</sup> March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } A. Chesca  
nile

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 49 Years, 2 Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Saloon keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number } 264 S. Broadway

Cause of Death, { First, (Primary.) } Diabetes  
{ Second, (Immediate.) } congestion of lungs

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cemetery

Date of Burial, 13<sup>th</sup> March 1881 J. P. Alexander M. D.  
Medical Attendant.

{ Undertaker, John C. Smith

{ Place of Business, 121 N. Main St. Address, 108 Park Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[07-1]

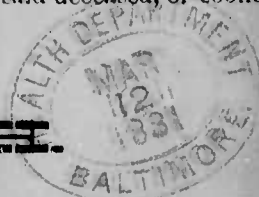
# Board of Health, City of Baltimore,

Permit No. 46687

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

March 11, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Alice Chaplain

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

35

Years,

Months,

Days.

Color,

Black

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Dorchester Co. Me.

Duration of Residence in the City of Baltimore,

19 years

Place of Death,

Give street and number.

106 Blumette St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Leucemia of the Breast

Duration of Last Sickness,

4 years

All the above information should be furnished by the Physician.

Place of Burial,

Trinity Cemetery

Date of Burial,

March 13<sup>th</sup> 81

Theodore G. C. M.D.,

Medical Attendant.

Undertaker,

Leon Derpinap & Co.

Place of Business,

130 Hammond St.

Address,

1246 Hammond St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



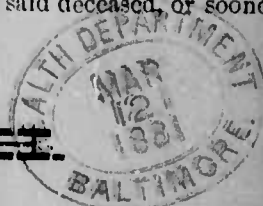
# Board of Health, City of Baltimore,

Permit No. 46688

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

March 11, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Washier

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

11

Days.

Color,

Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore.

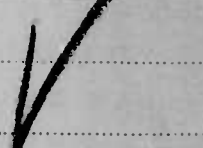
Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

147 York St.

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Intoxication



Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp at cemetery

Date of Burial, March 12<sup>th</sup> 1881

Undertaker, Geo. W. Perkins

Place of Business, 130 Howard St.

W. S. Booz M.D.,  
Medical Attendant.

Address, 206 Ship St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46689

Office of Registrar of Vital Statistics.

\* The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Downs

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 70 Years, Months, Days.

Color, colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give street and number. } 94 7 year St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Old age  
Unknown natural

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Mar. 11/81 Edmund R Walker M.D.,  
Medical Attendant.

{ Undertaker, G. A. Kechner

{ Place of Business, 508. Cambridge Ave. Address, Corner N. P.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46690

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 11th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Johnston

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 37 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Merchant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } W. J. Ind

Duration of Residence in the City of Baltimore, City of Baltimore

Place of Death, { Give street and number. } City of Baltimore

Cause of Death, { First, (Primary.) } Exhaustion  
{ Second, (Immediate.) }

Duration of Last Sickness, 2 mo

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, March 12 1881

Undertaker, Pat Muller

Place of Business, Address, City of Baltimore

W. B. Frankham M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46691

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 12th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Boyed Carter

Sex, Male or Female, { cross out the word not required in this line. }

Age, Eight Years, 3 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 180 Madison Ave.

Cause of Death { First, (Primary.) Pneumonia  
Second, (Immediate,) Meeningitis

Duration of last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Peters Cemetery

Date of Burial, March 12th 1881

Undertaker, Peter Sommer

Place of Business, Pulberry st

Address, 262 Madison Ave

Chas C. Price M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female,

{ Cross out the words not required in this line. }

Age,

27

Years,

Months,

Days

Color,

Black

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Barber

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

all his life

Place of Death, { Give street and number. }

142 Pine St

Cause of Death,

{ First (Primary.) }

{ Second (Immediate.) }

Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

a good while

Place of Burial,

Green Cemetery

Date of Burial,

March 13<sup>th</sup> 1881

{ Undertaker,

Wm. H. Baskin & Co.

{ Place of Business,

97 Wm. H. Baskin & Co.

W. H. Baskin M.D.  
Medical Attendant

Address, 55 No. Green St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46693

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, March 10<sup>th</sup> 81

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Thomas Dixon

Sex, Male or Female, Cross out the word not required in this line.

Age, 23 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, col

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, Driver

Birthplace, State or Country and how long in the United States, if of foreign birth. Fredrick county

Duration of Residence in the City of Baltimore, 18 Month

Place of Death, Give street and number. 7 up town St.

Cause of Death, First, (Primary.)  
Second, (Immediate.) Tuberculosis Pulmon.

Duration of Last Sickness, 2 month

All the above information should be furnished by the Physician.

Place of Burial, Shark St. Cemetery

Date of Burial, March 13<sup>th</sup> 1881

Undertaker, Wm. H. Bishop Jr.

Place of Business, 97 Bond St. W.

Louis W. H. H. H. M.D.,  
Medical Attendant.

Address, on Bond St. W.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 12<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Louis Miller

Sex, Male or Female, { cross out the word not required in this line. }

Age, 78 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and number } 25 Butler Alley

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 13<sup>th</sup> 1881 H. Albers M. D. Medical Attendant.

Undertaker, Julius Kottler

Place of Business, Sharp & Cross Address, 95 S. Street

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Herbert

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Seventy-five Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bowson town N.C.

Duration of Residence in the City of Baltimore, Thirty-five years

Place of Death, { Give street and number } No. 28 Richmond St.

Cause of Death { First, (Primary.) Debility.  
Second, (Immediate,) Pneumonia

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 14<sup>th</sup> 1881 J. B. Gardner M. D.  
Medical Attendant.

{ Undertaker, Chas. T. Scriven

{ Place of Business, 211 N. Eutaw St. Address, 120 N. Greene St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 11th March

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Ritter

Sex, Male or ~~Female~~ { cross out the word not required in this line. }

Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Tailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number } 21 Chapel St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Hemorrhages Lungs  
Phthisis pulmonalis

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Adolphus

Date of Burial, March 13th Geo. G. Brewer M. D.  
Medical Attendant.

{ Undertaker, No Funk

{ Place of Business, 35 Bank St Address, 258 W Fayette St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DUMANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



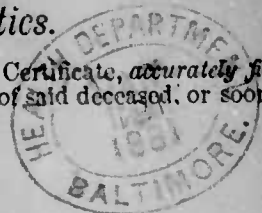
# Board of Health, City of Baltimore,

Permit No. 46697

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

March 12

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ann Leonard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 88 Years, Months, Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Widow 35 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

1608 North St

Cause of Death, { First, (Primary.) }

Cancer of breast (Scirrhous)

Second, (Immediate.)

Exhaustion &c

Duration of Last Sickness,

5 yrs

All the above information should be furnished by the Physician.

Place of Burial, Wesleyan Cemetery

Date of Burial, March 14 8/1

R. H. D. Ellis M.D.,  
Medical Attendant.

{ Undertaker, Armstrong & Oenney

{ Place of Business, No 263 L. of M. Address

313 Light

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46698*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 12 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary E. Seem*

Sex, *Male* or Female, { cross out the word not required in this line. }

Age, *7* Years, *white* Months, *1* Days.

Color, *white*

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, *None*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *7 years*

Place of Death, { Give street and number } *150 North Street*

Cause of Death { First, (Primary.) *Diphtheria* Second, (Immediate,) *Croup* }

Duration of last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial *Mount Olivet Cemetery*

Date of Burial, *March 13 1881*

{ Undertaker, *Wm. A. Cook* }

{ Place of Business, *16707th Baltimore Street* Address, *16707th Baltimore Street* }

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

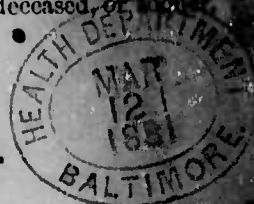
Permit No. 46699

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 12 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Camelia Fisher

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 276 E. Chas - St

Cause of Death, { First, (Primary.) } Cyanosis. { Second, (Immediate.) } Peritonitis

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Mar 13 - 1881

{ Undertaker, Heemsley & Maddox

{ Place of Business, 216 Arch St Address, 222 N. Broadway

E. D. Bayler M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 11 o'clock Friday Morning March 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Ellwood

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 70 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } 44 Binnie St

Cause of Death, { First, (Primary.) Fracture of the Skull with compression.  
Second, (Immediate,) concussion of the brain and Effusion

Duration of last Sickness, 15 hours & scared with Vertigo fell down stairs

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, March 13<sup>th</sup> 1881

Undertaker, James P. Pinner

Place of Business, No 63 N. Front St

J. E. Prichard M. D.  
Medical Attendant.

Address, 28 O'Donnell St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[0744.]

# Board of Health, City of Baltimore,

Permit No. 46701

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Mar. 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maurice Alex. Rogers

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, Years,

5

Months,

11

Days.

Color,

Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

31 St. Charles St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Capillary Douchette  
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Public~~ Cemetery

Date of Burial, Mar 13 1881

{ Undertaker, Henry and Charles Hatcher

{ Place of Business, 116 Arch Street

Eldridge C. Price M.D.,  
Medical Attendant.

Address, 262 Madison Ave.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46702

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 11th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles West

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Three Years, Six Months,        Days.

Color, Colored

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } Single

Occupation,       

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 69 Orchard St City

Duration of Residence in the City of Baltimore, 3 Yrs + 6 months

Place of Death, { Give street and number. } 69 Orchard St City

Cause of Death, { First, (Primary.) Scarlet Fever

Second, (Immediate.)       

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, Mar 13 1881

{ Undertaker, Henry Lee Madden

{ Place of Business, 110 Orchard St

Wm E Moore

M.D.,

Medical Attendant.

Address, 45 Courtland St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matilda May McLeanley

Sex, Male or Female, { cross out the word not required in this line. }

Age, Six Years, Nine Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 24 North Bond St.

Cause of Death, { First, (Primary,) Tuberculosis  
Second, (Immediate,)

Duration of last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial McLeanley

Date of Burial, March 13

{ Undertaker, Fry & Co

{ Place of Business, 14 N Broadway Address, 152 Baratoja St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No.

46704

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

March 9/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Phillis Ann Thomas

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

60 Years,

Months,

Days.

Color,

Blk

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Dom

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Bald. cit

Duration of Residence in the City of Baltimore,

during lifetime

Place of Death,

{ Give street and number. }

107 S. Bethel St.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

apoplexy

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Yale. Cem

Date of Burial,

March 13 1887

R. W. Mansfield

M.D.,

Medical Attendant.

{ Undertaker,

Theodore F. Locko

{ Place of Business,

73. Jefferson St.

Address,

117 O Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 11

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Beran

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Bohemia

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number. } 16 Barnes

Cause of Death, { First (Primary,) Carcinoma Stomach & Liver  
Second (Immediate,) incurable }

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, March 14<sup>th</sup> 1881

M. D.  
Medical Attendant.

{ Undertaker, Adam Clark

Address 28 S. E. St.

{ Place of Business, 461 N. Gay St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-eight hours* after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46706

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *March 11, 1887*

Full Name of Deceased, *Gora B. Reed* { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, *Female* { Cross out the word not required in this line. }

Age, *15* Years, *15* Months, *15* Days.

Color, *Black* ✓

Married, Single, Widow or Widower, *Single* { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, *Baltimore* { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *all of life*

Place of Death, *21 Stockholm* { Give street and number. }

Cause of Death, *Congestion of lungs* { First, (Primary.) }  
*ebullient* { Second, (Immediate.) }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *Lamar Cemetery*

Date of Burial, *March 13*

Undertaker, *Herrells Reef*

Place of Business, *2500 N. Yt*

Medical Attendant, *W. S. Boone M.D.*

Address, *205 Sharp St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46707

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

March 12 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anne May Trayler

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

5

Months,

13

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

37 Essex St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Cutaneous Erysipelas  
Asthenia

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial,

Mt Carmel cemetery

Date of Burial,

March 13<sup>th</sup> 1887

M.D.,

{ Undertaker,

Denny & Mitchell

Medical Attendant.

{ Place of Business,

Address.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 46708

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. *46709*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *February 12<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Emma Murphy*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. } *Female*

Age, *2* Years, *—* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *173 S. Washington*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Scarlatina*  
*Eosinophilic enteritis*

Duration of Last Sickness, *Six weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Balto. Cmv.*

Date of Burial, *March 14<sup>th</sup>*

*Wm. S. Lynch* M.D.,  
Medical Attendant.

{ Undertaker, *Harry Under*

{ Place of Business, *252 Center St.* Address, *19 S. Broadway*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46710

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 12th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fredricka Scherer

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 9 Years, 1 Month, 20 Days.

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Galts City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } P. West. Cor Broadway & Eastern Ave

Cause of Death, { First, (Primary.) } Diphtheria  
{ Second, (Immediate.) } Pseudo-membranous, Croup,  
Three day

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, No. 114

Date of Burial, March 14th

{ Undertaker, \_\_\_\_\_ }  
{ Place of Business, No. 114 } Address, 22 Jackson Place

Thomas J. Evans, M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46711

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 12<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes Mack

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 80 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany (Puland)

Duration of Residence in the City of Baltimore, four years

Place of Death, { Give street and number } No 2 Thames st

Cause of Death, { First, (Primary,) Old age Second, (Immediate,) Asthma }

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Andrew's Church

Date of Burial, March 14<sup>th</sup>

{ Undertaker, Wm. J. Dulany & Co. }

{ Place of Business, 12 S. Eden st }

L. O. Wintermire M. D.  
Medical Attendant.

Address, 12 S. Eden st

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

Permit No. *46712*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *Mon 13<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Anna Effing*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *—* Years, *—* Months, *7* Days.

Color, *—*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *74 West St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Spasms*

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *St. Aephanis*

Date of Burial, *Mon 14<sup>th</sup> 1881*

{ Undertaker, *W. Moore*

{ Place of Business, *West St.*

Address, *—*

*James A. Steens* M.D.,  
Medical Attendant.  
*Registrar*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*Bd. Hlth. Sanitary Dept.*

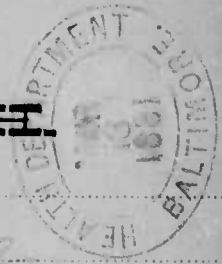
# Board of Health, City of Baltimore

Permit No. 46713

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Mar 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm A King

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Carroll County Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. }

41 - George St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Phthisis Pulmonalis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Mar 14/81 \_\_\_\_\_ M.D.,

{ Undertaker, Stewart & Mawer

{ Place of Business, 35 - Park Ave Address, Carey & Baltimore St

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46714  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46714

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH.

Date of Death, March 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Chas. Koch

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number } 89. Scott

Cause of Death, { First, (Primary.) Acute Hydrocephalus  
Second, (Immediate,) ———

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 14<sup>th</sup> Edw. J. McHollan M. D.

Medical Attendant.

{ Undertaker, John Engel

{ Place of Business, 796 W. Baltimore St. Address, 283. W. Lombard

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

Permit No. 46715

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, March 13 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara E. Boehm

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 69 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Germany

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, { Give street and number. } 1 N. Bond St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Chronic Bronchial Catarrh  
Cyanosis - Dropsy

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14 1881 A. B. Arnold M.D.,  
Medical Attendant.

{ Undertaker, J. H. J. J. J.

{ Place of Business, 161 N. Bond St. Address, —

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46716

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH.

Date of Death, March 13<sup>th</sup> '81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May Elizabeth Dean

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 6 Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Prince George's Co. Md

Duration of Residence in the City of Baltimore, Three Months

Place of Death, { Give street and number } 7 Wilhelmina St

Cause of Death, { First, (Primary,) Scarlet Fever  
Second, (Immediate,) Convulsions

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Prince George's County, Md.

Date of Burial, March 14<sup>th</sup> 1881

{ Undertaker, Geo. B. Cook

{ Place of Business, No 707 N. Baltimore St Address, 192 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

Transit 2103

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4674-7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nelson Turner

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, One Year, 14 Months, 14 Days.

Color, Brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } No. 2. Drey ally

Duration of Residence in the City of Baltimore, one year

Place of Death, { Give street and number } No. 2 Drey ally  
Cattaraugus

Cause of Death { First, (Primary,) Pneumonia  
Second, (Immediate,) Ten days

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 14 / 1881

{ Undertaker, Hemley & Madden

{ Place of Business, #116 Archard St

J. B. Gardner M. D.  
Medical Attendant.

Address, 120 N. Green St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]



Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 12<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Matilda Turner

Sex, ~~Male~~ or Female, { cross out the word not required in this line.

Age, 26 Years,

Months,

Days,

Color, ~~C~~

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line.

Occupation,

Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth.

Lexington, Virginia

Duration of Residence in the City of Baltimore,

10 years

Place of Death, { Give street and number

281 N. Euter St

Cause of Death {

First, (Primary.)

Second, (Immediate.)

Organic disease of heart  
Dilatation & mitral regurgitation

Duration of last Sickness,

has been sick over two years

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

Mar 14 - 1881

W. H. Winslow

M. D.

Medical Attendant.

{ Undertaker, Henry J. Madden

{ Place of Business, # 116 Arch St

Address,

201 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Schlepper.

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 4 Years, 15 Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } 541 N. Gay St.

Cause of Death { First, (Primary.) Convulsions  
Second, (Immediate,) don't know

Duration of last Sickness, 6 or 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's

Date of Burial, Mar 14

{ Undertaker, Mr. Funk

{ Place of Business, 35 Bank St. Address, 86 E. Fayette St.

G. D. Schum M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 13 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } August Schlote

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 70 Years, 6 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Piano Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Northern, Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, { Give street and number } 128 Ridgely St.

Cause of Death { First, (Primary.) General Paralysis  
Second, (Immediate.) 12 years

Duration of last Sickness, 12 years

All the above information should be furnished by the Physician.

Place of Burial, ~~March 15th 1881~~ Baltimore

Date of Burial, March 15th 1881

Undertaker, Julius Kochler N. W. cor.

Place of Business, Sharp & Cross St. Address, Harmon & Barnes St.

R. C. Lee M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *4672*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *March 12th, 11 o'clock A.M.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Smith*

Sex, *Male* or ~~Female~~, { cross out the word not required in this line. }

Age, *Three* Years, *Six* Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number } *No. 122 Little Green St.*

Cause of Death, { First, (Primary,) Second, (Immediate,) } *Septicemic Erysipelas*

Duration of last Sickness, *Three (3) weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 14<sup>th</sup> 1888* *Wm. N. Alderdice* M. D.  
Medical Attendant.

{ Undertaker, *W. Seewald*

{ Place of Business, *35 S. Calver St.* Address, *N.E. Co. Columbia Ave. & Remond St.*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46722

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, March 13, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lina Retina

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 1 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt. Md.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. }

25 Fairmount Ave.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Dentition  
Pneumonia  
Two weeks

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 15<sup>th</sup>

G. G. Lusk

M.D.,

Medical Attendant.

{ Undertaker, St. Francis

{ Place of Business, 280 Canton Ave

Address, Balt. & Wash. Sts.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 46723

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 12-1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillie M. Griffin

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 1 Months, 10 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 10 Youngs Court -

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14 1881

{ Undertaker, Charles A. Whit

{ Place of Business, 35 Granby Street Address, 222 N Broadway

Leo J. Bayler M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. *46724*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

*March 13th 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

*Stella Elizabeth Cliff*

Sex, Male or Female,

Cross out the word not required in this line.

*Female*

Age,

*One (1)*

Years,

*Eleven (11)*

Months,

*Twenty nine* Days.

Color,

*White*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Clayton New Jersey*

Duration of Residence in the City of Baltimore,

*Seven (7) Months*

Place of Death,

Give street and number.

*52 S. Peter St.*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*diphtheria*

Duration of Last Sickness,

*One week*

All the above information should be furnished by the Physician.

Place of Burial,

*Western Cem*

Date of Burial,

*March 15th 81*

Undertaker,

*Wm J. Tickner*

Place of Business,

*65 S. Eutaw*

Address,

*168 S. Eutaw*

*Jas W. Blake* M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Regulation of Physicians is respectfully referred to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46725*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

*March 13, 1881*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Mary E. Heinlein*

Sex, Male or Female,

{ cross out the word not required in this line. }

*Female*

Age,

Years,

*5*

Months,

*14*

Days.

Color,

*White*

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or country, (and how long in the United States, if of foreign birth. }

*Baltimore City*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death,

{ Give street and number }

*132 Townsend Street*

Cause of Death

First, (Primary.)

*Chronic Hydrocephalus*

Second, (Immediate.)

*Convulsions*

Duration of last Sickness,

*untimely - In attendance 13 days*

All the above information should be furnished by the Physician.

Place of Burial,

*Western Cemetery*

Date of Burial,

*March 15*

*Marbury Brewer*

M. D.

Medical Attendant.

Undertaker,

*Walterimmel*

Place of Business,

*252 W. Biddle*

Address, *58 McCulloh St*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46726*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 12/81*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Frank H. Burch*

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, *4* Years, *2* Months, *13* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Shepherdstown. W. Va.*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *23 years & 2 months*

Place of Death, { Give street and number }

Cause of Death { First, (Primary.) *Chronic Nephritis*  
Second, (Immediate.) *Bright's Disease*

Duration of last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Bonnie Brae Cemetery*

Date of Burial, *March 14/81* *Thomas Shearer* M. D.

Medical Attendant.

{ Undertaker, *Jno W. Weaver & Co.*

{ Place of Business, *222 Fayette St.* Address, *97 N. Charles St.*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 13th March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Glenn

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 78 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Grocer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number } 18 S. Chestnut St.

Cause of Death, { First, (Primary,) Second, (Immediate,) } General decay

Duration of last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 15th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway Address, 406 E. Baltimore St.

E. P. Evans M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46728

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, 13<sup>th</sup> March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Lane

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Fifty-three (53<sup>2</sup>) Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Librarian

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, { Give street and number. } 48 Ething St. Baltimore

Cause of Death, { First, (Primary.) Second, (Immediate.) } Laryngitis & Pharyngitis -  
Admission of Gullet - Death Sudden -

Duration of Last Sickness, about 12 hours. Death Sudden at last

All the above information should be furnished by the Physician.

Place of Burial, New Catholic

Date of Burial, 14<sup>th</sup> March 1881

{ Undertaker, Place of Business } Wm C Van Bibber M.D.,  
47 Franklin St.  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas H. Coleman

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. } Male

Age, 62 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, Minister

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 89 Camden St

Cause of Death, { First, (Primary,) Second, (Immediate,) } Old age & trouble  
Apoplexy

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Mar 14 J. R. Usher M. D.

Medical Attendant.

Undertaker, W. H. Howard

Place of Business, 201 N. E. St Address, 234 N. Fayette St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



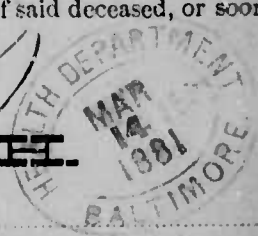
# Board of Health, City of Baltimore,

Permit No. 46730

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 13-1881-

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Friedrich C. Poltzner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 6 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } #257 N. Wolfe St.

Cause of Death, { First, (Primary.) Croupous Pneumonia  
Second, (Immediate.) Exhaustion }

Duration of Last Sickness, Four (4) weeks ✓

All the above information should be furnished by the Physician.

Place of Burial, St. Albans's Church

Date of Burial, 15th March Geo. F. Taylor M.D.,

Medical Attendant.

{ Undertaker, Sam Sink

{ Place of Business, #61 N. Gay St. Address, 222 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 16731

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Mar. 12<sup>th</sup> 1881  
John Chew

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~Female~~. { Cross out the word not required in this line. }

Age,            Years,            Months, 6 Days.

Color,

Colored

~~Married~~, Single, ~~Widow~~, ~~Widower~~. { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

6 days  
7 Morris Alley Court

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Convulsions

Duration of Last Sickness,

about 1 day

All the above information should be furnished by the Physician.

Place of Burial, W. Pot Cemetery

Date of Burial, Mar 14<sup>th</sup> 1881

Eldridge Price M.D.,  
Medical Attendant.

{ Undertaker, J. A. Kerchner

{ Place of Business, S. Carrollton Ave Address, 262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *146732*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *March 12 - 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Infant of Ed & Susan Sanders*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *---* Years, *---* Months, *1* Days

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *---*

Occupation, *---*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *#56 Williamson Alley*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Asthenia*

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St. Cemetery*

Date of Burial, *March 14, 1881*

{ Undertaker, *Geo. Perkins & Co.*

{ Place of Business, *---*

*James A. Stearns* M.D.,  
Commissioner of Health  
Address, *Registries*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of legitimate children.

[OVER.]

*Ex 9 Mrs E. Stearns*



# Board of Health, City of Baltimore,

Permit No. 46733

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. H. Taylor

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 2 WEEKS (21) Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt - Md

Duration of Residence in the City of Baltimore, Life -

Place of Death, { Give street and number. } 135 York St

Cause of Death, { First, (Primary.) Hereditary Syphilis }  
 { Second, (Immediate.) \_\_\_\_\_ }

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 14<sup>th</sup> 81

{ Undertaker, Wm. J. Davis }

{ Place of Business, See St }

James S. Stens M.D.,  
 Medical Examiner

Commissioner of Health  
 Address, Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Copy for Dr. V. A. Patrick

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *46734*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *March 13<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Josephine Carver White*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *Two* Days.

Color, *White*

~~Married~~, Single, Widowed, ~~Widowed~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore, Maryland.*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *178 N. Arlington Ave.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Intrauterine Disease (Abscess) Prematurity, Abscess.*

Duration of Last Sickness, *Two days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *March 14<sup>th</sup> 1881*

{ Undertaker, or John A. White - }

{ Place of Business, \_\_\_\_\_ }

*Thomas Opie* M.D.,  
Medical Attendant.

Address, *581 Lexington St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46735

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Mar 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Oden

Sex, Male { Cross out the word not required in this line. }

Age, 28 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Walter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } ga

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and number. } 119 York St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 14<sup>th</sup> 81

Undertaker, John O'Neal

Place of Business, \_\_\_\_\_ Address, Registrar

James A. Linn M.D.,  
Medical Attendant  
Commissioner of Health  
Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Sp by Jos W. Patrick



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 18<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Saunders

Sex, *Male or Female*, { cross out the word not required in this line. } F.

Age, 71 Years, X Months, X Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } M.

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 152 Enoch St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Typhoid Pneumonia

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, March 15<sup>th</sup> 1881 A. T. Rennold M. D.  
Medical Attendant.

{ Undertaker, Wm. H. Hickman

{ Place of Business, 234 N. Gay St. Address, 186 Disquit St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 13. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Simpson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 20 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 120 Carrollton St

Cause of Death { First, (Primary,) Scirrhus of the Ovaria  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Chestertown, Md.

Date of Burial, March 15. 1881

{ Undertaker, J. B. Blackiston

{ Place of Business, 22 S. Gay st

J. I. Litzner M. D.  
Medical Attendant.

Address, 160 Stratoga, str

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

2104 Francis

# City of Baltimore,

Permit No. 46738 # 46738 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 12, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elias Marsden

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 38 Years, 7 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Janitor of I.O.R.M., Hall

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Cape Cod

Duration of Residence in the City of Baltimore, 52 Years 7 Months

Place of Death, { Give street and number. } 59 Brune St.

Cause of Death, { First, (Primary.) } Pneumonia  
 { Second, (Immediate.) } Hemorrhage ✓

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 13, 1887

{ Undertaker, Chas F Scriven

{ Place of Business, 271 A. Cutaw St Address, 431 Lenox Ave

J. H. Christian M.D.,  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 46739

City of Baltimore,  
Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, March 13 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } 165 York St

Cause of Death, { First, (Primary.) Phthisis Pulmonalis }  
Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14 1881

{ Undertaker, S. W. Chase }  
{ Place of Business, 98 Howard St } Address, 57 Barnum St

Medical Attendant, H. H. Webster M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,  
Permit No. 46740 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Mar 18<sup>th</sup> 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Bortonsak  
Sex, Male or Female, { Cross out the word not required in this line. } Female  
Age, 21 Years, Months, Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
Occupation, Servant  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bohemia  
Duration of Residence in the City of Baltimore, 79 yrs.  
Place of Death, { Give street and number. } City Hosp.  
Cause of Death, { First, (Primary.) Burn  
Second, (Immediate.) Asphyxiation  
& drowns  
Duration of Last Sickness, 8 days  
All the above information should be furnished by the Physician.  
Place of Burial, New Cathedral  
Date of Burial, Mar 15<sup>th</sup> 1887  
{ Undertaker, Pat. Mullin  
{ Place of Business, S. P. Park Ave. Address, City Hosp.  
J. A. Brundham M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# City of Baltimore,

Permit No.

46741

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

March 14<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ira A Brown

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

36

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Married

Occupation,

Merchant

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Bucks Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give street and number.

1269 N Howard St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pulmonary Consumption

Duration of Last Sickness,

Six months

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

March 16<sup>th</sup>

Undertaker,

Anaer's & Hodges

Place of Business,

Druid Hill av

Address,

41 N Carey St

J. C. Shinn M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



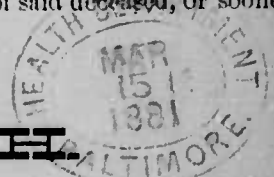
# City of Baltimore,

Permit No. 46742

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 13th, 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Green

Sex, Male or Female, { Cross out the word not required in this line. }

Age,        Years, 1 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 294 S Charles St

Cause of Death, { First, (Primary.) }         
 { Second, (Immediate.) } Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, March 16th 1888

{ Undertaker, Carl Green

{ Place of Business, 294 S Charles St

Theodore Costa M.D.,  
 Medical Attendant.

Address, 146 Hancock St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special At

now, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 14, 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Holland

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age,

76 years,

Months,

Days.

Color,

White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

England

Duration of Residence in the City of Baltimore,

all her life

Place of Death, { Give street and number }

307 St. Paul St

Cause of Death

{ First, (Primary,)

Second, (Immediate,)

Heart Disease

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

March 15th 1881

{ Undertaker,

Holl Jenkins & Son

{ Place of Business,

75 N Ches St

Address,

97 N. Charles St

Thomas Sheave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attestation

and to list of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, \_\_\_\_\_

March 14 - 1881 -

Full Name of Deceased, {

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Burroughs

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_

62

Years, \_\_\_\_\_

Months, \_\_\_\_\_

Days. \_\_\_\_\_

Color, \_\_\_\_\_

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

146 Peice St.

Cause of Death, {

First, (Primary.)

Second, (Immediate.)

Gangrene of the Lungs -  
14 weeks -

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 15 1881

{ Undertaker, Andrew Galt

{ Place of Business, 118 South St.

Address, 383 Franklin St.

M. D.

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 15 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Addie Belle Barninger

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 10 Years, 10 Months,    Days.

Color, W Sex,   

~~Married, Single, Widow or Widower,~~ Cross out the words not required in this line.

Occupation,   

Birthplace, State or country (and how long in the United States, if of foreign birth.) 34 Eutaw st

Duration of Residence in the City of Baltimore, 10 months

Place of Death, Give street and number. 340 Eutaw st.

Cause of Death, First (Primary,) Second (Immediate,) Croup - Bronchitis  
Genl - Debility

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery William Lee M. D.  
Date of Burial, March 16<sup>th</sup> 1881 Medical Attendant.

{ Undertaker, Wm O Weaver Address  
{ Place of Business, No 202 N. Eutaw st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of the Board of Health is directed to the following, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46746

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 14 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary R Rudiger

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 64 Years, 2 Months, 2 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, Midwife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, { Give street and number } 134 N Bond St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Intestinal inflammation  
Perforation

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14 1881 In R Benzinger M. D.

Undertaker, George H. Hill

Medical Attendant.

Place of Business, 121 N Broadway Address, 121 N Broadway

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

(97411)

Permit No. 46747

City of Baltimore,  
Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Nov 14th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stephen D. Vance

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 23 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Mr. Thompson

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Louisiana

Duration of Residence in the City of Baltimore, 2 months

Place of Death, { Give street and number. } City Hosp.

Cause of Death, { First, (Primary.) Nephritis  
Second, (Immediate.) Oldema }

Duration of Last Sickness, 2 mo.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 1st 1881

{ Undertaker, Patrick Mullin

{ Place of Business, Address, City Hosp.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



City of Baltimore,

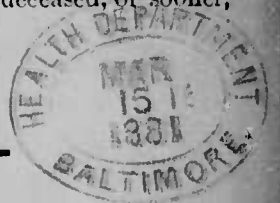
Permit No. 46748

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

46748

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 13, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Daisy

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, 18 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md. Matamoras

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } St Vincent's Infant Asylum

Cause of Death, { First, (Primary.) Complicated Syphilis }  
{ Second, (Immediate.) } Asthenia

Duration of Last Sickness, when admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Bross

Date of Burial, March 15, 1881

{ Undertaker, }  
{ Place of Business, } 156 Division St.

Address, 68 McCarroll St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

City of Baltimore,

Permit No. 46749

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, March 14, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Welch

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 1 Months, 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Institution 3 weeks

Place of Death, { Give street and number. } St. Vincent's Infant Asylum

Cause of Death, { First, (Primary.) Marasmus  
Second, (Immediate.) Hydrocephalus } ✓

Duration of Last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Brown's Burial

Date of Burial, 15 March 1881

Undertaker, Brown's Burial

Place of Business, 153 Division St. Address, 52 McCulloch St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13, 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louisa Ambrose

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, 2 Years, 5 Months, — Days.

Color, Blk

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Balls

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balls

Duration of Residence in the City of Baltimore, 2 1/2 yrs

Place of Death, { Give street and number }

13 Hunt

Cause of Death { First, (Primary.) Second, (Immediate.) }

Dysentery

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician

Place of Burial, Sharp & Resnaiter

Date of Burial, March 15

Leur M. D.  
Medical Attendant.

Undertaker, Herold & Ross

Place of Business, 25 Lombard St

Address, 349 Herol

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



Board of Health, City of Baltimore,

Permit No. 46751

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, March 13 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eggleston Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 24 Years, 19 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation, X X

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give street and number. }

72 S. Ann

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Pneumonia Pulmonalis

Duration of Last Sickness,

more or less for 4 months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

March 15

James E. Driscoll

M.D.,

Medical Attendant.

{ Undertaker,

Fry & Bro

{ Place of Business,

37 N Broadway

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46752

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *March 14 1881*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *W. O. L. Booth*

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, *65* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the word not required in this line. *Widower*

Occupation, *Sign Painter*

Birthplace, State or Country and how long in the United States, if of foreign birth. *Maryland*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, Give street and number. *53 S. Caroline*

Cause of Death, First, (Primary.) *Epilepsy*  
Second, (Immediate.)

Duration of Last Sickness, *Four Years*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 16*

Undertaker, *Fry & Bro*

Place of Business, *574 N Broadway*

Medical Attendant, *James E. Donnell M.D.*

Address, *299 E Baltimore St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46753

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, March 14, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Berthard Kelly

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 26 Years, — Months, — Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Wheeler

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balk

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 212 Hanover St

Cause of Death, { First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Conn.

Date of Burial, March 16 1881 Proctor M.D.,

Medical Attendant.

{ Undertaker, L. P. Prange

{ Place of Business, 209 Hanover St Address, 146 Hanover St

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



THE PHYSICIAN WHO ATTENDED ANY PERSON IN A LAST ILLNESS IS RESPONSIBLE FOR THE PRESENTATION OF THIS CERTIFICATE, ACCURATELY FILLED OUT, TO THE UNDERTAKER OR OTHER PERSON SUPERINTENDING THE BURIAL, WITHIN TWENTY-FOUR HOURS AFTER THE DEATH OF SAID DECEASED, OR SOONER, IF REQUESTED SO TO DO, UNDER PENALTY OF LAW.

## Board of Health, City of Baltimore,

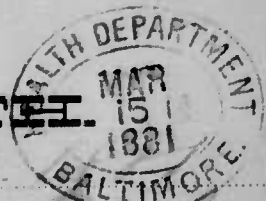
Permit No. 46782

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

W. S. Boock M.D.,  
Medical Attendant.

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

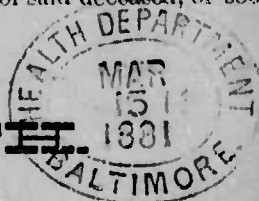
## Board of Health, City of Baltimore,

Permit No. 46755

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH.

Date of Death, March 13, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Stephen Swallowburg

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 63 Years, — Months, — Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Barber

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give street and number. } 12. Stockton

Cause of Death, { First, (Primary.) Second, (Immediate.) } Apoplexy  
paralysis

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 15

Under signer of name, Thos. L. Lott M.D.,  
Medical Attendant.

Under signer of name, Thos. L. Lott M.D.,  
Medical Attendant.

Place of Business, 148 Howard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

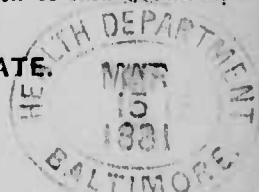
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death,

March 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William James Henry Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — — — Years, — — — Months, — — — Days.

Color, Black

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, — — —

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

# 32 Lewis St

Duration of Residence in the City of Baltimore,

2 weeks

Place of Death, { Give street and number. }

Lewis St No 32

Cause of Death, { First (Primary), Second (Immediate), }

Convulsions

Duration of Last Sickness,

Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial,

Land Cemetery

Date of Burial,

March 13<sup>th</sup> 1881

J. E. Gossard

M. D.

Medical Attendant.

{ Undertaker,

Mr. Sanger

Address

1102 N. Fayette St

{ Place of Business,

East St. near  
Dey Car No 62

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 46757

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 13, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laurance A. B. Hammond

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Two Years, Eight Months, — Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State of country, (and how long in the United States if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } No. 125 St. Bethel St.

Cause of Death, { First, (Primary.) Scarlet Fever  
Second, (Immediate.) — }

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St. Henry's Green Cemetery

Date of Burial, March 15 1881

{ Undertaker, William Abingue } W. H. Hendrick M. D.  
Medical Attendant.

{ Place of Business, No 62 East Street } Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

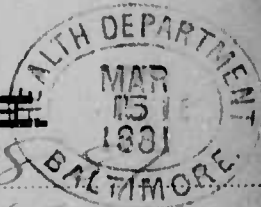
Permit No. *46758*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *March 14th 1881*

Full Name of Deceased, *Christina Keyser*  
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, *Female*  
{ Cross out the word not required in this line. }

Age, *51* Years, *7* Months, *—* Days.

Color, *White*

Married, *Single*, ~~Widow~~ or ~~Widower~~, *Married*  
{ Cross out the word not required in this line. }

Occupation, *Housekeeper*

Birthplace, *Prussia*  
{ State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *1*

Place of Death, *1 Walter St*  
{ Give street and number. }

Cause of Death, *Phthisis Pulmonalis*  
{ First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness, *—*

All the above information should be furnished by the Physician.

Place of Burial, *St Alphonsus Cemetery*

Date of Burial, *16th March* *Geo A Blake* M.D.,  
Medical Attendant.

{ Undertaker, *Geo Lumbach*

{ Place of Business, *389 W Pratt St* Address, *168 S Broadway*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

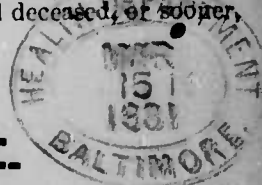
# Board of Health, City of Baltimore,

Permit No. 46759

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 14, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Guyton

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 82 Years, 5 Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Hartford County Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number. }

355 Central Av.

Cause of Death, { First, (Primary.) }

Senility

Second, (Immediate.)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 16<sup>th</sup> 1881

Geo A. Martineau M.D.,  
Medical Attendant.

{ Undertaker, Henry W. Mears

{ Place of Business,

45 N. Gay St

Address, 305 Caroline St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 46760  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *March 13<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Archibald Wilson*

Sex, *Male* or ~~Female~~, { cross out the word not required in this line. }

Age, *1* Years, *5* Months, *6* Days.

Color, *Colored*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *City*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } *10 Douglass St*

Cause of Death { First, (Primary,) *Meningitis*  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, *12 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Scarr Cemetery*

Date of Burial, *March 15<sup>th</sup> 1881*

{ Undertaker, *Abraham Wayman*

{ Place of Business, *13 Saratoga St*

*Edwin B. Fenby* M. D.  
Medical Attendant.

Address, *319 N. Central Ave.*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 467.61

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 467.61

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



### CERTIFICATE OF DEATH,

Date of Death, March 14th 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Bokor

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, / Years, 8 Months, Days.

Color, &c.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Frederick County, Md.

Duration of Residence in the City of Baltimore, 12 Months

Place of Death, { Give street and number } 18. Parushally below Mosher & Lussan

Cause of Death { First, (Primary,) double Pneumonia  
Second, (Immediate,) }

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 15th 1888

Undertaker, Abraham Weyman

Place of Business, 13 Dorset St. Address, 13 Dorset St. & P. 13

G. W. Smith M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>regularly filled out</sup>, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Mar 15<sup>th</sup> 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anchor Jones

Sex, Male or Female, { Cross out the words not required in this line. }

Male

Age, 4 Years, 3 Months,  Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. }

No 131 Camden St

Cause of Death, { First (Primary), Second (Immediate), }

Diphtheria

Duration of Last Sickness, 9 Days

And the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, 16<sup>th</sup>

Undertaker, J S Kacher

Place of Business, 150 Camden St

J S Moulton M. D.  
Medical Attendant.

Address, No 218 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46763*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

*March 11<sup>th</sup> 1881*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Frances Morris*

Sex, Male or ~~Female~~,

{ cross out the word not required in this line. }

Age,

Years,

*ONE* Months,

*Two* Days.

Color,

*Black*

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or country, (and how long in the United States, if of foreign birth. }

*Baltimore Md*

Duration of Residence in the City of Baltimore,

*One month & two days*

Place of Death, { Give street and number }

*48 Race St.*

Cause of Death

{ First, (Primary.)

{ Second, (Immediate.)

*Scrophula  
Abscess*

Duration of last Sickness,

*Ten days*

All the above information should be furnished by the Physician.

Place of Burial,

*St. Paul's Cemetery*

Date of Burial,

*March 15<sup>th</sup> 1881*

*Chas W. Mitchell* M. D.

Medical Attendant.

{ Undertaker,

*Geo H. Perkins & Co*

{ Place of Business,

*131 Henrietta St*

Address,

*University Hospital*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46764

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, March 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Adams.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, About 20 Years, Months, Days.

Color, Colored

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Prince George Co. Md.

Duration of Residence in the City of Baltimore, About 20 yrs

Place of Death, { Give street and number. } # 6 Little Alley

Cause of Death, { First, (Primary.) } Apoplexy { Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Jan 15<sup>th</sup> 1881

{ Undertaker, Geo. W. Perkins & Co. Coroner Geo. D. Bell

{ Place of Business, 150 Spring St. Address, 161 So. Sharp St. } M.D., Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

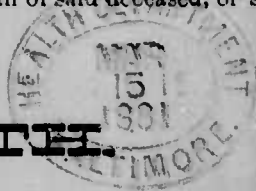
# Board of Health, City of Baltimore,

Permit No. *46765*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *March 12 1881*

Full Name of Deceased, *Annie Earhart* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Female* { Cross out the word not required in this line. }

Age, *36* Years, *1* Months, *1* Days.

Color, *W*

Married, Single, Widow or Widower, *Single* { Cross out the word not required in this line. }

Occupation, *✓*

Birthplace, *Ireland* { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *26 years*

Place of Death, *39 E Lombard* { Give street and number. }

Cause of Death, *Result of Parturition* { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, *18 hours*

All the above information should be furnished by the Physician.

Place of Burial, *St Vincent's Cemetery*

Date of Burial, *March 15 1881*

Undertaker, *James O. Byrne*

Place of Business, *1662 N. Frank St* Address, *57 Banner*

*H. W. Webster, M.D.,*  
Medical Attendant

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46766

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

Mar. 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs Peter Davis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38

Years,

8 Months,

22

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

Rt Lane near Disgrace St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Pernicious Intermittent Fever

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 16 1881

Dr. Brooke Boyle

M.D.,

Medical Attendant.

{ Undertaker, James O Byrne

{ Place of Business, No 63 N Front St

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46767

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, March 15

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine McGraw

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 33 Years, Months, Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } York Road John St

Cause of Death, { First, (Primary.) Pulmonary Consumption  
Second, (Immediate.) Exhaustion }

Duration of Last Sickness, 1 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, March 17 1881

Undertaker, James O. Payne

Place of Business, No 63 N Front St

Chas Q Brown M.D.,  
Medical Attendant.

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *46768*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *Mar. 15. 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Nannah Lucy Miller*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *9* Years, *11* Months,  Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Batte. Ind.*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Batte. Ind.*

Duration of Residence in the City of Baltimore, *during life*

Place of Death, { Give street and number. } *199 Essex St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Scarlatina maligna*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. James Church*

Date of Burial, *Mar 16 1881*

{ Undertaker, *Henry H. H. H.* }

{ Place of Business, *St. James Church* }

*Geo. A. Hartman* M.D.,  
Medical Attendant.

Address, *305 N. Carolina St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Monday March 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Johnson

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 59 Years, Fifty Nine Months,    Days.

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Chestnut Hill Md.

Duration of Residence in the City of Baltimore, Sixteen Years

Place of Death, { Give street and number } No 197 East St

Cause of Death { First, (Primary.) Fibroid Tumor of Uterus  
Second, (Immediate,) Pneumonia

Duration of last Sickness, Twelve Days.

All the above information should be furnished by the Physician.

Place of Burial Asbury Cemetery

Date of Burial, March 16<sup>th</sup> 1881

Fred M. Luther M. D.  
Medical Attendant.

Undertaker, J. M. J. Gray

Place of Business, 65 Mulberry Street

Address, #30 N Calvert St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 13<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret B. Delaney

Sex, Male or Female, { cross out the word not required in this line. }

Age, 30 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No. 18 E. Fayette St

Cause of Death { First, (Primary.) Organic disease of the heart  
Second, (Immediate.) mitral valve  
dis. weeks

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, March 1887

Undertaker, James O. Byrne

Place of Business, No 63 N. Front St Address, 5 Franklin St

John Morris M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *46771*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

*Mar. 14 1881*

Full Name of Deceased,

*Margaret Sullivan*

Sex, ~~Male~~ or Female,

*Female*

Age,

*80*

Years,

Months,

Days.

Color,

*White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

*Nothing*

Occupation,

*Nothing*

Birthplace,

*Ireland*

Duration of Residence in the City of Baltimore,

*14 years*

Place of Death,

*City Hospital*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Burial*

*Asthenia*

Duration of Last Sickness,

*Three months and thirteen days*

All the above information should be furnished by the Physician.

Place of Burial,

*Holy Cross*

Date of Burial,

*March 16 1881*

Undertaker,

*James Byrne*

Place of Business,

*N. Front St*

Address,

*City Hospital*

*E. Geo. Keith*

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Board of Health, City of Baltimore,

Permit No. 46772

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.



Date of Death,

March 15/81

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

James Kelley

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2 Years,

3

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

8 N. Arlington Ave

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Scarlet Fever

Nephritis: Dupuy etc

Duration of Last Sickness,

Four weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

March 16<sup>th</sup> 1881

Undertaker,

Wm B. Cook

Place of Business,

No 707 N. Baltimore

Address,

Wm. M. Callahan

W. H. Rogers M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46773

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, Mar 15, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Josenhaus

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 25 Years, 3 Months, 17 Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } S. E. Cor Pratt & Mount St

Cause of Death, { First, (Primary.) Consumption  
Second, (Immediate.) }

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 17 81

{ Undertaker, Philip J. Dill

{ Place of Business, 183 Columbia Av.

James Barclay M.D.,  
Medical Attendant.

Address, 319 Hollins St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 46774

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 15th 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas. Broadbent

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 30 Years, 1 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Con Mont T Central av.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Con Mont T Central av.

Duration of Residence in the City of Baltimore, Con Mont T Central av.

Place of Death, { Give street and number } Presbyterian Church

Cause of Death, { First, (Primary.) Second, (Immediate.) } Presbyterian Church

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, BaltimoreDate of Burial, March 17th 1888Undertaker, Henry BlockPlace of Business, N Central av Address, 134 N 4th st

S. F. Coyner M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[5748.]



# Board of Health, City of Baltimore,

Permit No.

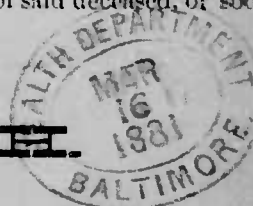
46775

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

March 15, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Aradel C. Hackitt

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

9

Years,

10

Months,

15

Days.

Color,

Black.

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balt

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

20. Wayne

Cause of Death,

First, (Primary.)

Pneumonia

Second, (Immediate.)

Phthisis

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

March 16

Theodore Corda M.D.,

Medical Attendant.

Undertaker,

Heracles Ross

Place of Business,

Wilson Way St

Address,

146 Hancock

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46776

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

Mar 15 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

A. Nelson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

29

Years,

Months,

Days.

Color,

White

Married, Single, Widowed or Widower,

Cross out the word not required in this line.

Occupation,

Sailor

Birthplace,

(State or Country and how long in the United States, if of foreign birth.)

Norway

Duration of Residence in the City of Baltimore,

Two months

Place of Death,

(Give street and number.)

City Hospital

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia  
Typhoid

Duration of Last Sickness,

Two months

All the above information should be furnished by the Physician.

Place of Burial,

E. Public Cemetery

Date of Burial,

Mar 16 1881

Undertaker,

Patrick Mullin

Place of Business,

S. P. Park Ave

Address,

City Hospital

E. G. Keitt M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 27877

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 15th. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Edward Wambach

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 21 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Baker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 84 Enoch St

Cause of Death { First, (Primary.) Strangulated Hernia  
Second, (Immediate.) Intestines

Duration of last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 17th 1881

Undertaker, Leach Hilling

Place of Business, Ashland Square Address, 257 Government St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]



No. 46978

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 15 / 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles R. Verneison

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 34 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Chassis

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Suffolk Co. Va.

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, { Give street and number } 64 St Paul St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Val. Dis. Heart

Duration of last Sickness, two to three days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, March 17 / 1881

Undertaker, James H. H. H. H.

Place of Business, 55 St. Fayette St Address, 185 N. Market St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

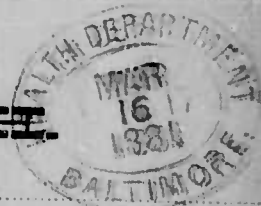
Permit No. 46779

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

March 15, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Wm. Adams

Sex, Male or Female,

Cross out the word not required in this line.

Age,

81

Years,

Months,

Days.

Color,

White

Married, Single, Widower, or

Cross out the word not required in this line.

Occupation,

Auctioneer

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balt.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

110 Hanover St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Apoplexy

Duration of Last Sickness,

17 days

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

March 17<sup>th</sup> 1881

Undertaker,

Thomas Hughes

Medical Attendant.

Place of Business,

60 E. Baltimore St

Address,

146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46780

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 14 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Henry Bernhard Bruns

Sex, Male ~~or Female~~, Cross out the word not required in this line.

Age, 1 Years, 11 Months, — Days.

Color, white

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, Life

Birthplace, State or Country and how long in the United States, if of foreign birth. Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, (Give street and number.) 199 Oisgueth Street

Cause of Death, First, (Primary.) Tuberculosis  
Second, (Immediate.) Tubercular Meningitis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 16 1881

Undertaker, Henry Hoeck

Place of Business, N. Central av Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. P. Smith [OVER]

PLACE OF DEATH: 46780

State of Md, County of Baltimore

Town or District of Baltimore City

DATE OF DEATH:

March 14, 1881

NAME OF DECEASED:

Henry Bernhard Bruns

Sex, M, Race or Color, W, Age: 1 11

Date of birth, if known: —, 18—

Occupation: 199 Oisgueth St

CAUSE OR CAUSES OF DEATH:

Tuberculosis

Tubercular Meningitis

Was a post-mortem held? No

NAME OF PHYSICIAN:

A. G. Hean

\*INSTRUCTIONS.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: insert "measles and pneumonia," or "difficult labor, peritonitis, and septicemia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

— If the true cause of death is not certainly known, insert names of symptoms with a cross, thus: "Convulsions and coma X; paralysis of the heart X," etc.



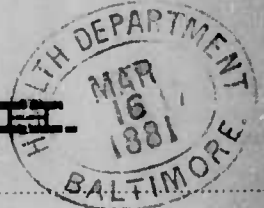
# Board of Health, City of Baltimore,

Permit No. 46781

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Mar 14. 1881

Full Name of Deceased, Male Robert Bailey { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Months, 0 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Balt. Med.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, 10 Bohemia St.

Place of Death, { Give street and number. } 10 Bohemia St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Exhaustion since birth

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Calvary Cemetery

Date of Burial, Mar 16 1881

Undertaker, Geo. J. Cook

Place of Business, 13 Johnson St.

Medical Attendant, G. G. Luck M.D.

Address, Balt. & Wash. Sts.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46782

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

Mar 13/81

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Agnes Addison

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

8

Months,

Days.

Color,

Brown

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Balto Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give street and number. }

57 St Paul St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Dentition

Convulsions

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

Mar 17 1881

J. F. Ward

M.D.,

Medical Attendant.

{ Undertaker,

Patrick Mullin

{ Place of Business,

S. P. Park ave

Address,

127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46783

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Mar 13/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Edige Thomas

Sex, ~~Male~~ Female. { Cross out the word not required in this line. }

Age,

Years,

2

Months,

Days.

Color,

Dark

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~. { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balto Md

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

57 St Paul St

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Diarhea

Duration of Last Sickness,

3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, Mar 17 1881

J. F. Ward

M.D.,

Medical Attendant.

{ Undertaker, Patk Mullin }

{ Place of Business, S.P. Park ave Address, }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]



# Board of Health, City of Baltimore,

Permit No. 46784

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Mar 14/81

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Geo Thompson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

28

Days.

Color,

Dark

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore Md

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

57 St Paul St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Scrofula

Duration of Last Sickness,

Lifetime

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

Mar 15/81

Undertaker,

Patrick K. Muelh

Place of Business,

Address,

J. J. Ward M.D.,  
Medical Attendant.

127 St Paul

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 16<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Clark.

Sex, Male or ~~Female~~, { Cross out the words not required in this line. }

Age, 32 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Writer.

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Hagerstown Wash<sup>g</sup> Co Md.

Duration of Residence in the City of Baltimore, Ten years

Place of Death, { Give street and number. } No 52 1/2 Roborg St.

Cause of Death, { First (Primary,) Asthma  
Second (Immediate,) Exhaustion. }

Duration of Last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamb

Date of Burial, March 17 1881

{ Undertaker, J. H. Kane

{ Place of Business, \_\_\_\_\_

J. H. Kane M. D.  
Medical Attendant.  
Address, No 16 N. Liberty St.

#### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46786

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, March 15<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levin Gaines

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years, Months, Days.

Color, (Colored)

Married, Single, Widower, { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 77 East Street

Cause of Death, { First, (Primary.) } Bright's Disease of Kidneys  
{ Second, (Immediate.) } Asthenia

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16<sup>th</sup> 1881

{ Undertaker, Abraham Wayman

{ Place of Business, 13 Seneca St.

Samuel D. Powell M.D.,  
Medical Attendant.

Address, No 29 Disque St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46787

Office of Registrar of Vital Statistics.

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No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

March 15 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Susan Taylor

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

22

Years,

Months,

Days.

Color,

Colored

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Cook

Birthplace, { State or Country and how long in the United States, if of foreign birth.

Virginia

Duration of Residence in the City of Baltimore,

7 years

Place of Death, { Give street and number.

12 Cairo St  
Carey

Cause of Death, { First, (Primary.)

Second, (Immediate.)

Burns

Duration of Last Sickness,

5 hours.

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

March 16th 1881

Undertaker,

Wm. N. Dungee

Place of Business,

No 62 East St

Alexander Tinsley

M.D.,

Medical Attendant.

Address,

Corner

Act from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 15<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Deborah Walton

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 29 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, house work

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Eastern Shore Maryland

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, { Give street and number }

21 Carlton Street  
Phthisis Pulmonalis

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Asthma

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Chester town Maryland

Date of Burial, March 16<sup>th</sup> 1881

H. C. McSherry M. D.  
Medical Attendant.

{ Undertaker, Wm. C. Ewing

{ Place of Business, 4062 East St

Address, Baltimore Infirmary

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

2105 Transit

# Board of Health, City of Baltimore,

Permit No. 46789

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, March 14<sup>th</sup> 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Wilson (Molten)

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 1 WEEK Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto-Ma

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 63 China St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Spasms

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 16<sup>th</sup> 81

{ Undertaker, Mr Perkins

{ Place of Business, \_\_\_\_\_

James A. Stearns M.D.,  
Com. of Health & Registrar  
Address, \_\_\_\_\_

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

By Edw. V. R. Patrick



# Board of Health, City of Baltimore,

Permit No. *46790*

Office of Registrar of Vital Statistics.

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No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *March 14/87*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Eva Funck*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *8* Years, *2* Months,  Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Balt. city*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

*15 Newsep st.*

Cause of Death, { First, (Primary.) Second, (Immediate.) }

*Diphtheria*

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Mary's Cem*

Date of Burial, *March 16*

*R. W. Mansfield* M.D.,  
Medical Attendant.

{ Undertaker, *N. Dyfel*

{ Place of Business, *157 S Bond*

Address, *117 O Broadway*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *46791*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *March 18<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Charles Depson*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *10.5* Years, Months, Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Widower*

Occupation, *none*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Calvert Co. Md*

Duration of Residence in the City of Baltimore, *33 Years*

Place of Death, { Give street and number. } *#200 York St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Senile decay*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St. Cemetery*

Date of Burial, *March 17<sup>th</sup> 81*

Undertaker, *Saml W. Chase*

Place of Business, *Sharp St.*

*James A. Stearns* M.D.,  
Coroner of Health  
Address, *Registrar*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*E. J. Jos. V. Fabrick*

Board of Health, City of Baltimore,

Permit No. 46792

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 18 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Danny C. Hazie

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, 6 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Farmer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 30 Shuter St

Cause of Death, { First, (Primary.) Phthisis Pulmonalis }  
{ Second, (Immediate.) Exhaustion }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Same

Date of Burial, Mar 17 - 1881

{ Undertaker, Henry Wadde }  
{ Place of Business, 116 Arch St } Address, 222 N. Broadway

Chas. Taylor M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back

## Board of Health, City of Baltimore,

Permit No. *46793*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH.



Date of Death,

*March 15<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

*Mrs Priscilla Coates*

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, *53* Years,

Months, Days

Color, *Colored*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

*Waitress*

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

*Leonardtown St Mary's Co Md*

Duration of Residence in the City of Baltimore,

*30 years*

Place of Death, { Give street and number. }

*No 2 Cross Alley.*

Cause of Death, { First (Primary), }

*Ovarian Tumor*

{ Second (Immediate), }

*Rupture into the bowels*

Duration of Last Sickness,

*Two days*

All the above information should be furnished by the Physician.

Place of Burial,

*New Catholic*

Date of Burial,

*March 17<sup>th</sup> 1881*

{ Undertaker,

*Wm. J. Davis, Esq.*

{ Place of Business,

*McGulberry St*

*J. H. Starry* M. D.  
Medical Attendant.

Address, *No 16 N. Liberty St.*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46794

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 16 1881 - 2:30 Am.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } New Born Infant of John & Sophia Green

Sex, Male or Female, { cross out the word not required in this line. } few minutes

Age, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, New Born Infant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 202 Orleans St.

Duration of Residence in the City of Baltimore, few minutes

Place of Death, { Give street and number } 202 Orleans St.

Cause of Death, { First, (Primary.) } Ledious Instrumental Labor - Delivered with  
{ Second, (Immediate,) } Instrument for Mrs Beretina Midwife

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, March 17 1881 Alshertzer M. D.  
Medical Attendant.

{ Undertaker, L. Ritz

{ Place of Business, 128 1/2 S. Broadway Address, 11 S. High St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

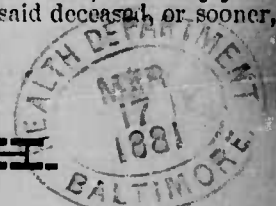
# Board of Health, City of Baltimore,

Permit No. 46795

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 15th 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Abner Gant

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, — Months, 10 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } MD

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 79 Pearce St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cancer

Duration of Last Sickness, Chronic

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, Mar 17 1881

Undertaker, Samuel J. Marshall

Place of Business, 111 Charles St

J. Miller M.D.,  
Medical Attendant.

Address, 89 Monroe St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *416796*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *March 16th. 1:20 A. M.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *May Catherine McIndy.*

Sex, *Male or Female*, { cross out the word not required in this line. } *Female*

Age, *21* Years, *9* Months, *11* Days.

Color, *White.*

Married, *Single, Widow or Widower*, { Cross out the word not required in this line. } *Married*

Occupation, *Lady*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Hanford Co, Ind.*

Duration of Residence in the City of Baltimore, *Fifteen years*

Place of Death, { Give street and number } *No. 3 Romaine St.*

Cause of Death { First, (Primary,) *Apoplexy*  
Second, (Immediate,) *of the brain*

Duration of last Sickness, *One year*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 18th 1881*

Undertaker, *Wm. B. Clark*

Place of Business, *No. 707 N. Baltimore St.*

Address, *J. E. Co. Columbia Ave. & R. R. St.*

*John W. Eldredge*  
M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46797

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, March 16 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Becker

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 6 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Batavia

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 111 North

Cause of Death, { First, (Primary.) Tuberculosis  
Second, (Immediate.) Cough }

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 18

{ Undertaker, Henry Sander

{ Place of Business, 202 Canton Ave. Address, 245 N. Howard

Heston M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46798

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 15, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Massias Brown

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 Years, 11 Months, 15 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, +

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 30 S. Chapel St.

Cause of Death, { First, (Primary.) } Bronchitis, Pneumonia, Diphtheria  
{ Second, (Immediate.) } Eclampsia

Duration of last Sickness, Ill since Jan 1st

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 17th 1881

{ Undertaker, } W. V. Goswiler, M. D.  
Medical Attendant.

{ Place of Business, } 123 Jefferson St. Address, 144 S. Ann St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATISTICIANS.

[over]



# Board of Health, City of Baltimore

Permit No. 46799

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female. { Cross out the word not required in this line. }

Age, 27 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, March 17 1881

{ Undertaker, D. W. Chace

{ Place of Business, 98 Howard St.

W. S. Broeze M.D.,  
Medical Attendant.

Address, 206 Sharp St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46800

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, 15<sup>th</sup> March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Ridgway

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 3 Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ball

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 25 Waverly

Cause of Death, { First, (Primary.) } Unknown  
{ Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18 1881

{ Undertaker, J. B. Welch

{ Place of Business, 199<sup>th</sup> Howard St

J. W. Melzack M.D.  
Medical Attendant.

Address, 57 Waverly

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 46801

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, March 16<sup>th</sup> - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dennis L. Williams -

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, Months, Days.

Color, Black -

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Coachman -

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Howard Co -

Duration of Residence in the City of Baltimore, 13 years -

Place of Death, { Give street and number. } 11 Woodgreen Alley -

Cause of Death, { First, (Primary.) Anemia Abdominal -  
Second, (Immediate.) Hemorrhage -

Duration of Last Sickness, 5 days -

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, March 18<sup>th</sup> 1881

{ Undertaker, Saml W. Chase

{ Place of Business, South Howard St } Address, Halpin av. and Calhoun

R. M. Goldsmith M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46802

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Rebecca Leonard

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, X X X

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 18 Albemarle

Cause of Death, { First, (Primary.) Second, (Immediate.) } Tubercular Meningitis

Duration of Last Sickness, Long

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Church

Date of Burial, 18<sup>th</sup> March James E. Donnell M.D.,

Medical Attendant.

{ Undertaker, M. Clarke & Sons

{ Place of Business, #64 E. Baltimore Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46803

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

16<sup>th</sup> of March 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Charles Eisenhut

Sex, Male or Female,

Cross out the word not required in this line.

Age,

46 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

The Druggist

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore,

26 years

Place of Death,

Give street and number.

328 Orleans St.

Cause of Death,

First, (Primary.)

Acute pneumonia

Second, (Immediate.)

Emphysema

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

March 18<sup>th</sup> 1881

Undertaker,

John Hennig.

Place of Business,

322 Orleans St.

Address,

*Thomas* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 12

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry H. Fish

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 35 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married -

Occupation, Grain Inspector -

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } New York -

Duration of Residence in the City of Baltimore, about 2 years -

Place of Death, { Give street and number } 272. N Broadway -

Cause of Death { First, (Primary.) Hypertrophy of heart causing distention of right auricle & ventricle  
Second, (Immediate.) Sudden effusion of blood into ventricle }  
Seven weeks -

Duration of last Sickness, Seven weeks -

All the above information should be furnished by the Physician.

Place of Burial, Allam New York

Date of Burial, March 19<sup>th</sup> 1881

Undertaker, Henry W. Mearns

Place of Business, 45 N. Gay St Address, 86 E. Fayette St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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2106 Transit

[OVER.]



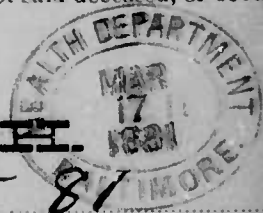
# Board of Health, City of Baltimore,

Permit No. 46805

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

March 16th 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Albert E. Reynolds

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years,

2 Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

197 August

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

197 August

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Acute Hydrocephalous  
12 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16th

Undertaker, Geo Schilling

Place of Business,

S. F. Boyner M.D.,  
Medical Attendant.

Address, 134 N High

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No 46806

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46806

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, generally filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 16, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Francis Luce

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 14 Years, 14 Months, Days

Color, Colored

Married, Single, Widow or Widower, { cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore County Md.

Duration of Residence in the City of Baltimore, About five months

Place of Death, { Give street and number } N. W. Cor. Sterling &amp; Madison St.

Cause of Death, { First, (Primary.) Pneumonia. }  
{ Second, (Immediate.) }

Duration of last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, March 17 John D. Looman, M. D.

{ Undertaker, Charles J. White 283 N. Broadway } Medical Attendant.

{ Place of Business, 35, Granby St } Address,

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Hannie Sudders

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 56 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State of country, (and how long in the United States, if of foreign birth. }

Austria

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, { Give street and number }

150 Pearl St

Cause of Death { First, (Primary.)  
Second, (Immediate,)

Apoplexy  
4 weeks

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Ches Schollen Cemetery

Date of Burial, 17th March

Undertaker, William Gilman

Place of Business, 101 Gough St

Address, 187 N. May St

M. H. Criss M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46808*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *March 15<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joseph C Sturgeon*

Sex, Male or Female, { cross out the word not required in this line. }

Age, *22* Years, *8* Months,  Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } *203 Dolphin St*

Cause of Death { First, (Primary.) Second, (Immediate,) } *Heart Disease (Valvular Dropsy Leas)*

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Fondren Park*

Date of Burial, *Mar 18*

Undertaker, *C. H. Blagden*

Place of Business, *207 Park* Address, *18 S. Eutan St*

*Dr. E. Blagden* M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46809

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *March 15th 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Martin Langhans*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *25* Years, *9* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balti City*

Duration of Residence in the City of Baltimore, *since birth*

Place of Death, { Give street and number. } *311 N. Dallas St*

Cause of Death, { First, (Primary.) } *Scarlatina maligna*  
{ Second, (Immediate.) } *—*

Duration of Last Sickness, *36 hours*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemt*

Date of Burial, *March 17, 1881* *St. John* M.D.,

Undertaker, *Henry Roeth* Medical Attendant.

Place of Business, *309 Central Ave* Address, *St. Johns*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Feb 16 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Augusta Henrietta Yeager

Sex, Male or Female, { cross out the word not required in this line. }

Age, 11 Years, 9 Months, 21 Days.

Color, —

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number }

129 Lemon St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Diphtheria sequent upon Scarlatina

Aschemia

Duration of last Sickness, 6 1/2

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 18

{ Undertaker, John P. Paulus }

{ Place of Business, 642 W. Fayette St. }

Address, 642 W. Fayette St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 46811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

March 16. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years,

Months, 12 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

8 N. Ch

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp st.

Date of Burial, March 17/81

{ Undertaker, J. Davis 103 E. st.

{ Place of Business,

Theodore Lott M.D.,  
Medical Attendant.

Address, 146 N. Avenue

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[VER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death, March 17<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Musgrave Sullivan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 Years, — Months, — Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Clerk.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 46 years

Place of Death, { Give street and number. } 149 W. Lombard St

Cause of Death, { First (Primary,) Second (Immediate,) } Erysipelas  
Blood Poison  
5 days

Duration of Last Sickness, 5 days

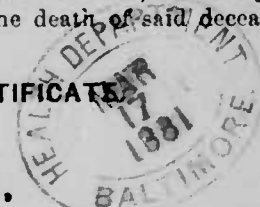
All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 19<sup>th</sup> 1881

{ Undertaker, } Geo B Cook

{ Place of Business, } 12707 N Baltimore Address street



Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Board of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46813.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

March 16, 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Josephine E. Frinour  
Female

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 20 Years,

5 Months,

15 Days.

Color,

White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Lady

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Honora Co. Md

Duration of Residence in the City of Baltimore,

about 3 yrs

Place of Death, { Give street and number }

676 W. Lombard St

Cause of Death

First, (Primary,)

Second, (Immediate,)

Pulmonary Phthisis

about 6 mos.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Landon Park cemetery

Date of Burial, March 18, 1881

{ Undertaker, Doc. B. Cook

{ Place of Business, No 707 W. Baltimore street

Address,

322 Hollins St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



No. 46814

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 17/81

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Maggie Roach

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age,

Years,

8

Months,

Days.

Color,

col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number}

19 McAlister's Court

Cause of Death

First, (Primary.)

Second, (Immediate.)

Eclampsia

Duration of last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Laural Cemetery

Date of Burial,

March 17<sup>th</sup> 1881

J. M. Warner

M. D.

Medical Attendant.

{ Undertaker,

Charles A. White

{ Place of Business,

35 Granby St

Address,

256 N Eden St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

No. 46

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *usually filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 17, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Therese Maria Serbich,

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 1 Years, 7 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 419 Canton Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia  
Convulsions

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Church

Date of Burial, March 18

Undertaker, J. J. Anderson

Place of Business, 94 S. Broadway

A. F. Erich M. D.  
Medical Attendant.

Address, 94 S. Broadway

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 46816

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *Mar 16th 81*

Full Name of Deceased, *William Harman*

Sex, *Male* or Female, *Male*

Age, *74* Years, Months, Days.

Color, *white*

Married, *Single*, Widow or Widower, *Single*

Occupation, *Prof of Music*

Birthplace, *MD*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, *294 N Howard St*

Cause of Death, *Intestinal obstruction, from tumor*  
*Asthenia*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*

Date of Burial, *March 18th 1881*

Undertaker, *Wm Weaver*

Place of Business, *No 202 N. Eutan St*

*Wm Meller* M.D.,  
Medical Attendant.

Address, *89 N. Greene St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 46817  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *March 16.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William V. Carver*

Sex, *Male* or ~~Female~~, { cross out the word not required in this line. }

Age, *63* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *Builder*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *St Anne de Grace Maryland*

Duration of Residence in the City of Baltimore, *50 years*

Place of Death, { Give street and number } *178 Mulberry St*

Cause of Death { First, (Primary.) *Phthisis*  
Second, (Immediate,) *Exhaustion* }

Duration of last Sickness, *Two years*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *March 18<sup>th</sup> 1881*

Undertaker, *Wm Weaver*

Place of Business, *No 202 N. Eutaw St* Address, *114 Park Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 46818

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, *Mar 18<sup>th</sup> 1881*  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *George Heschele*  
Sex, *Male* or *Female* { Cross out the word not required in this line. } *(Twin)*  
Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *4*/*6* Days.  
Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) *Premature Birth (7 mos)*  
Second, (Immediate.) *Asthenia* }

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *Mar 17<sup>th</sup> 1881*

{ Undertaker, *Albert Heschele*

{ Place of Business, *Bel Air Ave*

*James A. Smith* M.D.,  
Comm of Health  
Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*Exam by Jas P. Smith*

# Board of Health, City of Baltimore,

Permit No. 46819

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *Mch 13 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Albert Hochstetler Jr*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *—* Years, *—* Months, *1/24* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *Bel Air ave opposite Weisner's Brewery*

Cause of Death, { First, (Primary.) *Premature Birth (7 mos)* }  
 { Second, (Immediate.) *Asphyxia* }

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *Mch 17 1881* *James A. Slattery M.D.,*

{ Undertaker, or *Albert Hochstetler* } *Commissioner of Health*

{ Place of Business, *Bel Air ave* } Address, *Registrar*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*Exam by J. P. Smith* [OVER.]



# Board of Health, City of Baltimore,

Permit No. 46820

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

March 16, 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Emmeline Ennels

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

50

Years,

Months,

Days.

Color,

Colour

Married, Single, Widow or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

House Servant.

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Cambridge Mass

Duration of Residence in the City of Baltimore,

14 years

Place of Death,

{ Give street and number. }

2 Howard Court

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

March 19, 1881

{ Undertaker,

Matthew Cadogan

{ Place of Business,

227 Mulberry St.

Address,

Corner

Alexander Finley M.D.,  
Medical Attendant

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 4682/

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas John Kramer

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 35 Years, Months, Days.

Color, ~~Colored~~ White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Conductor N C R R

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Harford Co. Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and number. } Union R.R. between Gay & Broadway, Re 20, 1st

Cause of Death, { First, (Primary.) Accidental, run over by car of train upon which he was conductor }  
{ Second, (Immediate.) }  
sudden death

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, March 18<sup>th</sup> 1881

{ Undertaker, Andrews & Hodges

{ Place of Business, No 486 Druid Hill Address, Coroner in P.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46822

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 16th, 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Lin LeetchSex, Male or Female, { cross out the word not required in this line. } maleAge, 9 Years, 8 Months,  Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } SingleOccupation, Birthplace, { State or country, (and how long in the United States, if of foreign birth. } IllinoisDuration of Residence in the City of Baltimore, 5 yearsPlace of Death, { Give street and number } 349 Aisquith StCause of Death { First, (Primary.) Second, (Immediate.) } Intermittent fever  
ConvulsionDuration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill CemeteryDate of Burial, March 18th 1881Undertaker, H. HancockPlace of Business, Central Ave  
Cedar HillW. B. Billingsley M. D.  
Medical Attendant.Address, 256 John St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

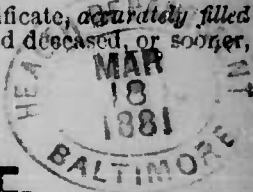
## Board of Health, City of Baltimore,

Permit No. *46823*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH.

Date of Death, *Mar 16<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Louis & Jennie Schaffer*  
(Parents)

Sex, Male or ~~Female~~ { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *23* Days, *24*

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. }

*43 Chew St*

Cause of Death, { First, (Primary.) Second, (Immediate.) }

*Premature Birth (6 mos)*  
*Asthenia*

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*

Date of Burial, *Mar 18<sup>th</sup> 1881*

{ Undertaker, *Louis Schaffer*

{ Place of Business, *43 Chew St*

*James A. Stearns* M.D.,  
Medical Attendant

*Comm of Health*  
Address, *Registrar*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*Exam'd by J. P. Smith* [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 17, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Etta Tancer ex. sin.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 6 Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 113 McCallish St

Cause of Death, { First (Primary,) Phthisis pulmonalis  
Second (Immediate,) do }

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 18, 1881

Undertaker, Thos Q. Hays, Address 819 Madison Ave

Place of Business, 115 E. Baltimore

M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

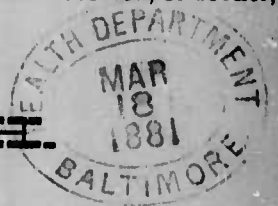
# Board of Health, City of Baltimore,

Permit No. 46825

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *March 16 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Emma Young*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *—* Years, *1* Month, *12* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *82 N. Dallas St* ✓

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Croup*

Duration of Last Sickness, *24 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 18 1881* *James A. Steen* M.D.,

Medical Attendant. Undertaker, *Geo W. Perkins* Commr of Health

Place of Business, *—* Address, *Registrar*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*Exam by Dr. P. Smith*



# Board of Health, City of Baltimore,

Permit No. 46826

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *March 17, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Cornitee*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *26* Years, Months, Days.

Color, *colored*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Mariner*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Wicomico Co. Md.*

Duration of Residence in the City of Baltimore, *ten yrs.*

Place of Death, { Give street and number. } *5 Bohemia St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Morbus Brightii*  
*Ascariasis*

Duration of Last Sickness, *Three months*

All the above information should be furnished by the Physician.

Place of Burial, *Dallas St. Cemetery*

Date of Burial, *March 18, 1881*

Undertaker, *John W. Socks*

Place of Business, *[Signature]*

*H. H. Rusk* M.D.,  
Medical Attendant.

Address, *301. 5th St. N. W.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4682

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 16/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Higdon

Sex, Male or Female, { cross out the word not required in this line. }

Age, 24 Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 26 years & 8 mos.

Place of Death, { Give street and number } 461 S. Eutan St.

Cause of Death { First, (Primary,) Chronic Diarrhoea  
Second, (Immediate,) 9 months.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 17th 1881

Undertaker, Amos & Zeph

Place of Business, 213 Light St Address, 307 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46828

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 16/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Rickis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 16 Years, Months, Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 43 Bank St.

Cause of Death, { First, (Primary.) Typhoid fever  
Second, (Immediate.) }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 21<sup>st</sup> R. W. Mansfield M.D.,

{ Undertaker, J. J. Frank

{ Place of Business, 33 Bank St. Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 46829

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Mar. 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Grace

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 22 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~, ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Nothing

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Boston

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, { Give street and number. } 6 Swan

Cause of Death, { First, (Primary.) Syphilis }  
{ Second, (Immediate.) }

Duration of Last Sickness, 9 or 10 (4) months

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Cemetery

Date of Burial, March 18 1881

{ Undertaker, Jas P Byrne }  
{ Place of Business, 63 Front } Address, 110 N. E. 1st St.

Medical Attendant, James Brown M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Department of Health is respectfully directed to the Registrar, and to take of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *46830*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *Mar 17<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Mary Duffey*

Sex, ~~Male~~ *Female*, { Cross out the word not required in this line. }

Age, *—* Years, *—* Months, *4* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balto City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *127 Albemarle St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Fatigues Labor*

Duration of Last Sickness, *a few hours*

All the above information should be furnished by the Physician.

Place of Burial, *St. Vincent's Church*

Date of Burial, *Mar 18<sup>th</sup> 1881*

{ Undertaker, } *Dr. P. Byrne* *James A. Allen* M.D.,

{ Place of Business, } *Front St* *Comm. of Health*

Address, } *Registrar*

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*Exam by Geo E. Fayler* [OVER.]

to be filled out by the Physician who attended the deceased, and to be filed in the office of the Registrar of Vital Statistics, and to be kept on file for the purpose of being referred to in case of any dispute as to the facts of the death, and to be used as evidence in case of any dispute as to the facts of the death, and to be kept on file for the purpose of being referred to in case of any dispute as to the facts of the death.

## Board of Health, City of Baltimore,

Permit No. 46831

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, March 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Slack

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ~~42~~ Years, 4 Months, 20 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ball

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 18 Hillen St

Cause of Death, { First, (Primary.) Unknown natural (parents unknown) }  
{ Second, (Immediate.) Convulsions probably }

Duration of Last Sickness, 1/2 hour, the rest never being large

All the above information should be furnished by the Physician.

Place of Burial, Bonaventure Cemetery

Date of Burial, 18 March 4 O'clock

Undertaker, E. A. Gorman

Place of Business, 38 Bacon Street Address, Corner m PD

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46832

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

March 4, 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wilhelmina Milt

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 4 Months, 10 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Flame St. Court

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Brainstorm

Duration of Last Sickness,

12 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel

Date of Burial,

March 10, 1888

R. W. Mansfield

M.D.,

Medical Attendant.

{ Undertaker,

James J. Lander

{ Place of Business,

422 Canton

Address, 117 O'Bradway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 17: 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard C. Brown

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 13 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 481 Mulberry St

Cause of Death, { First, (Primary,) Immaturity  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Park

Date of Burial, March 19th 1881

Undertaker, \_\_\_\_\_

Place of Business, \_\_\_\_\_ Address, 301 West. Pr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 46834

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Mar. 17 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Carrie Newton

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 Years, — Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 61 Wagon Alley

Cause of Death, { First, (Primary,) } Fall on head  
{ Second, (Immediate,) } Extravacation upon brain

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Mch 19 1888 H F Hill M. D.

Medical Attendant.

Undertaker, Peter Goummert

Place of Business, Mulberry St Address, 361 Franklin St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4683 S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, *March 17th 1888*  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John William Ruddle*  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, *Four* Years, *Four* Months, *—* Days.  
Color, *White* Sex, *Male*  
Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
Occupation,  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*  
Duration of Residence in the City of Baltimore, *Life*  
Place of Death, { Give street and number. } *73 N. Fremont Street*  
Cause of Death, { First (Primary,) *Pneumonia*  
Second (Immediate,)  
Duration of Last Sickness, *(2) Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery* *A. J. Bell* M. D.  
Date of Burial, *March 20th 1888* Medical Attendant.  
{ Undertaker, *P. Kimmick* Address *234 Madison Avenue*  
{ Place of Business, *—*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *forty-eight hours* after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46836

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 18 81Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Franz Joseph Duffer

Sex, Male or Female, { cross out the word not required in this line. }

Age, 22 Years, — Months, 8 Days.Color, WMarried, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }Occupation, CropperBirthplace, { State or country, (and how long in the United States, if of foreign birth. } SwitzerlandDuration of Residence in the City of Baltimore, 10 yearsPlace of Death, { Give street and number } 6 Clark StCause of Death, { First, (Primary.) Second, (Immediate.) } PneumoniaDuration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus CemeteryDate of Burial, Mar 20{ Undertaker, B. Harle{ Place of Business, N. 82 West Street Address, \_\_\_\_\_

D. L. Reed M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. *46837*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *March 18, 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Concinda Krouse*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *34* Years, Months, Days.

Color, *White.*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balto. City.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *101 Peach Alley*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Phthisis Pulmonalis*

Duration of Last Sickness, *About 12 months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cemetery*

Date of Burial, *March 20, 1881*

Undertaker, *B. Hinkle*

Place of Business, *at 52 West Street.*

*R. J. H. Fall* M.D.,  
Medical Attendant.

Address, *1528 Sharp St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

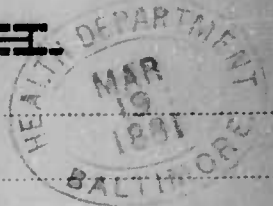
Permit No. 46838

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, March 18, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harmon Baker

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 44 Years, one Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Ship Carpenter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 1521 S. Caroline

Cause of Death, { First, (Primary.) Phthisis Pulmonalis }  
{ Second, (Immediate.) }

Duration of Last Sickness, 40 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 20, 1881 James E. Drmille M.D.,

Medical Attendant.

{ Undertaker, J. J. Sander }

{ Place of Business, 1521 S. Caroline St. } Address, 299 E. Baltimore St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 46839

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, March 18<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Caroline E. Jones

Sex, Male or Female, Cross out the word not required in this line. Female

Age, 75 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, Cross out the word not required in this line. Single

Occupation, none

Birthplace, State or Country and how long in the United States, if of foreign birth. Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 57 N. Caroline St

Cause of Death, First, (Primary.) Old Age  
Second, (Immediate.) Unknown

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Ceme.

Date of Burial, March 19<sup>th</sup> 1881

Undertaker, M. A. Davis

Place of Business, 74 S. 10<sup>th</sup> St

*J. G. Groh* M.D.,  
Medical Attendant.

Address, 137 N. E. St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH

Date of Death, March 7 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Pierre Cogniard

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

not known

Occupation, Seaman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

France

Duration of Residence in the City of Baltimore, 3 Days

Place of Death, { Give street and number }

University Hospital

Cause of Death { First, (Primary,) Second, (Immediate,) }

Fracture of lower jaw & shock  
3 Days

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Mar 18/81

Undertaker, F. A. Kechner

Place of Business, 508 Carrollton Ave

A. M. S.

M. D.

Medical Attendant.

University Hospital

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46841*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

*Mar 17<sup>th</sup> 1881*

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

*Matti Torma*

Sex, Male or Female, { cross out the word not required in this line. }

Age,

*21*

Years,

Months,

Days.

Color,

*White*

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

*Seaman*  
*Finland*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

*13 Days*

Place of Death, { Give street and number }

*University Hospital*  
*Phthisis*

Cause of Death

{ First, (Primary.)

{ Second, (Immediate.)

*asthenia*

Duration of last Sickness,

*13 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Pines Cemetery*

Date of Burial, *Mar 18/81*

Undertaker,

*P. A. Keschner*

Place of Business,

*30 Starrolton Ave*

Address,

*University Hospital*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46842

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 18<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin M. Hodges

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Sixty-nine Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Annapolis -

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } No 309 N Charles St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pulmonary Consumption

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 20<sup>th</sup> March 1881

Riggin Buckle M.D.,  
Medical Attendant.

{ Undertaker, A. W. Jenkins & Son

{ Place of Business, 75 N. Charles St. Address, \_\_\_\_\_

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 4684/3

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

March 17th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Barthaniel Book

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

54

Years,

Months,

Days.

Color,

Colored

Married, Single, Widowed, or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Dorchester Co Md

Duration of Residence in the City of Baltimore,

26 years

Place of Death, { Give street and number. }

74 East St

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Pneumonia

Asthma

Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 19th 1881

Undertaker, Wm. N. Dungee

Place of Business, No 42. East St

Samuel J. Powell M.D.,  
Medical Attendant.

Address, No 29 Arsgrove St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46844

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 17th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary J. Chapman

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, — Years,

Seven Months, — Days.

Color, Wk

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

31 North St.

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Influenza, Pneumonia

Duration of Last Sickness, About 8 weeks - only saw child once a few days ago

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 19th 1881

{ Undertaker, Wm. V. Dunge

{ Place of Business, No 62 East St

J. B. Burton M.D.,  
Medical Attendant.

Address, Honoree Free Dispensary

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March - 18 - 1887 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank E. Kaiser

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, 0 Months, 0 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cigar-maker

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } 157 W Central Avenue

Cause of Death, { First (Primary.) Second (Immediate.) } Chronic Interstitial Pneumonia  
Adynamia

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, March 20<sup>th</sup> R. F. Grove M. D.  
Medical Attendant.

{ Undertaker, James Burns Address 28 S. E. 1<sup>st</sup> St.  
Place of Business, }

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Association of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *March 18 1880*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Florence Isabel Carns*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *22* Years, *2* Months, *7* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore County*

Duration of Residence in the City of Baltimore, *Several years*

Place of Death, { Give street and number. } *547 Hartford Avenue*

Cause of Death, { First (Primary,) Second (Immediate,) } *Convulsions, (Eclampsia) during child birth.*  
*Exhaustion*

Duration of Last Sickness, *About 14 hours.*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 20<sup>th</sup>*

Undertaker, *Geo Schilling*

Place of Business, *Esland & Ryan*

Address *547 Hartford Avenue*

*A. A. E. Correll* M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



# Board of Health, City of Baltimore,

Permit No. 46847

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, March 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William A. Carey

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 8<sup>1/2</sup> Months, 11 Days.

Color, White


Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } 20 Lurline St

Cause of Death, { First, (Primary.) Typhoid Pneumonia }  
{ Second, (Immediate.) } 

Duration of Last Sickness, 8<sup>1/2</sup> weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20<sup>th</sup> 1881

{ Undertaker, Wm. J. Hughes }

{ Place of Business, 411 E. Baltimore }

J. P. Yeates M.D.,  
Medical Attendant.

Address, 137 N. E. 4<sup>th</sup> St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 46848

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 18<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Hartman

Sex, Male or Female, { cross out the word not required in this line. }

Age, 6 Years, 2 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifeline

Place of Death, { Give street and number } 411 S. Eutaw St.

Cause of Death { First, (Primary,) Tuberculosis.  
Second, (Immediate,) Anasarca.

Duration of last Sickness, About 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 19<sup>th</sup> 1881 J. B. White M. D.

Medical Attendant.

{ Undertaker, Crushing & Sons  
Place of Business, #263 Lehigh St. Address, Southern Dispensary

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46849

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

MAR 19 1881  
BALTIMORE

Date of Death,

Mar 19 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Levi B. Tilling

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cor Calhoun & Preston Sts

Tilling

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Garden Park

Date of Burial, Mar 21 1881

H. J. Horvick

Medical Attendant.

Undertaker, J. E. Hough

Place of Business, 320 Penna Ave Address, Carey & Preston Sts

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

March 17, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

George Wesley Savage

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

35

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Writer

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Balto Co

Duration of Residence in the City of Baltimore,

During Life

Place of Death, { Give street and number }

18 Orchard St

Cause of Death

{ First, (Primary.)

Second, (Immediate.)

Consumption

Duration of last Sickness,

Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 19<sup>th</sup> 1887

Undertaker, Mr James Gray

Place of Business, 65 Mulberry St

O. J. Keller

M. D.

Medical Attendant.

Address,

126 W. Eutaw St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male or Female, { cross out the word not required in this line. }

Age, 70 Years, Months, Days.

Color, white

Married, Single, Widowed, { Cross out the word not required in this line. }

Occupation, German

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) Second, (Immediate,) }

Duration of last Sickness, one week in bed

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Monday Mar 21

Undertaker, Henry Meyer

Place of Business, 106 N Howard

W. H. Green M. D. Medical Attendant.

Address, 1857 W. 9th St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to send within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46852

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, March 17<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Scott

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 17 Years, Months, Days.

Color, Col

Married, Single, ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation, Chambermaid

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, From birth

Place of Death, { Give street and number. } 99 Morris St.

Cause of Death, { First, (Primary.) Pulmonary Phthisis  
Second, (Immediate.) Dropsy

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Mar 18, 1881

{ Undertaker, John C. Gordon

{ Place of Business, 1263 Park Ave Address, 197 Pearl St

W H Antism M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46853

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Seever

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One Year, eleven Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 213 Dover St.

Cause of Death, { First, (Primary.) Dysentery & Bronchitis  
Second, (Immediate.) Asthenia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 20<sup>th</sup> 1881 T. P. M. Cornick M.D.,  
Medical Attendant.

{ Undertaker, S. A. Leonard & Son  
Place of Business, 782 W. Baltimore Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *46854*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH

Date of Death, *March 9 1888*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Luella Morris*

Sex, Male or Female, { cross out the word not required in this line. } *Female*

Age, *about 57* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *Servant*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *Not known*

Place of Death, { Give street and number } *University Hospital*

Cause of Death { First, (Primary,) *Phthisis*  
Second, (Immediate,) *asthenia*

Duration of last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *Mar 20 1888*

{ Undertaker, *Samuel A. ...*

{ Place of Business, *116 ...*

Address, *University Hospital*

*[Signature]* M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46855

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *March 6 1894* (*Charles Steinhilber*)  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Charles Steinhilber*  
Sex, Male or Female, { Cross out the word not required in this line. } *Male*  
Age, *2* Years, *11* Months,  Days.  
Color, *Wh*  
~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }  
Occupation,   
Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Pr*  
Duration of Residence in the City of Baltimore,   
Place of Death, { Give street and number. } *39 W. Gay St*  
Cause of Death, { First, (Primary.) *Leukemia maligna*  
Second, (Immediate.) *Acute* }  
Duration of Last Sickness, *4 days*  
All the above information should be furnished by the Physician.  
Place of Burial, *Baltimore Cemetery*  
Date of Burial, *March 9 1894*  
{ Undertaker, *Wendell Dippel*  
Place of Business, *151 Bond St* } Address, *245 S. Myrtle*  
Medical Attendant, *J. L. H. M.D.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. *41856*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *March 18, 1881*

Full Name of Deceased, *William Burns*

Sex, Male or Female, *Male*

Age, *6* Years, *6* Months, *6* Days.

Color, *Black*

Married, Single, Widow or Widower, *Single*

Occupation, *all of life*

Birthplace, *Baltimore*

Duration of Residence in the City of Baltimore, *all of life*

Place of Death, *118 Hill St.*

Cause of Death, *Concussion*

Duration of Last Sickness, *1 day*

All the above information should be furnished by the Physician.

Place of Burial, *Lamar St. Cemetery*

Date of Burial, *March 19, 1881*

Undertaker, *Sam'l H. Chase*

Place of Business, *170 Howard St.*

*W. S. Boone* M.D.,  
Medical Attendant.

Address, *206 E. Howard St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 16<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Louisa Tabbs*

Sex, ~~Male~~ *Female*, { Cross out the word not required in this line. }

Age, *Ten* Years, *Four* Months, *Twenty two* Days.

Color, *Colored* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *No 9 Pear Alley*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis Pulmonalis*

Duration of Last Sickness, *Four weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Cemetery*

Date of Burial, *March 19 1881*

{ Undertaker, S W Chase

{ Place of Business, 198 Howard St

*H S Bowie* M. D.  
Medical Attendant.

Address *210 St Howard St*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46858

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, March 20 1881

Undertaker, W Chase

Place of Business, 178 Howard St

Address, 206 Sharp St

W S Booz M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 46859

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 18 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lilly Bowen

Sex, Male or Female, { cross out the word not required in this line. }

Age, 19 Years, Months, Days.

Color, Red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 109 Leamway St.

Cause of Death, { First, (Primary.) Puerperal Convulsions  
Second, (Immediate,) One day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, March 19 1881

Undertaker, S. W. Chase

Place of Business, 197 Howard St.

R. M. Hall M. D.  
Medical Attendant.

Address, 267 Sharp St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DOLAN &amp; CO. CITY PRINTERS AND STATIONERS.

[over]

# Board of Health, City of Baltimore,

Permit No.

46860

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

March 18, 1887.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Enora Abbott

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

9

Months,

Days.

Color,

W

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

56 Broadway

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Concussion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Shark Street

Date of Burial,

March 20

{ Undertaker,

Hercules Ross

{ Place of Business,

75 Broadway

Address,

201 Ship St

M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,  
Office of Registrar of Vital Statistics.

Permit No. 46861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1881  
Full Name of Deceased, Ulrich Simon  
Sex, Male or Female, Male  
Age, 54 Years, 03 Months, Days.  
Color, White  
Married, Single, Widow or Widower, Single  
Occupation, Stevedore  
Birthplace, Germany  
Duration of Residence in the City of Baltimore, 42 years  
Place of Death, Mr E. E. Evers  
Cause of Death, First, (Primary) Mitral Insufficiency  
Second, (Immediate) Embolism  
Duration of Last Sickness, Seven days  
Place of Burial, R. T. Jones Cemetery  
Date of Burial, March 21 / 1881  
Undertaker, Henry Hays  
Place of Business, 309 Central Ave Address, E. E. Evers M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 46862

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 18<sup>th</sup> / 81.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Dare

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 23 Years,

Months,

Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Frederick County Maryland

Duration of Residence in the City of Baltimore, about 18 years

Place of Death, { Give street and number } Baltimore, 79 East-Street

Cause of Death { First, (Primary,) Second, (Immediate,) }

Phthisis  
Apuvea

Duration of last Sickness, about 3 or 6 months.

All the above information should be furnished by the Physician.

Place of Burial, E. B. Cemetery

Date of Burial, March 20<sup>th</sup> / 1881

A. D. Dulin M. D.  
Medical Attendant.

Undertaker, P. Muller

Place of Business,

Address, 83 W. Monument St.,  
Balt. Special Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 46863 **Board of Health, City of Baltimore,**  
Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

**CERTIFICATE OF DEATH.**

Date of Death, March 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } W. J. Lander

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 4 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Baltimore City

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No. 897 Eastern Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Spasms

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, March 21st 10 A.M. J. H. Grady M.D.,  
Medical Attendant.

Undertaker, Henry Lander

Place of Business, 252 Canton Ave Address, 252 Canton Ave

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 466

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**Permit No. 48864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 18, 1881.Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa SmithSex, ~~Male~~ or Female, { cross out the word not required in this line. }Age, — Years, 10 Months, — Days.Color, White.Married, Single, Widow or Widower, { Cross out the word not required in this line. }Occupation, —Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore, Md.Duration of Residence in the City of Baltimore, Since birthPlace of Death, { Give street and number } 4 Warren Court.Cause of Death, { First, (Primary.) Second, (Immediate.) } Acute MeningitisDuration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount CarmelDate of Burial, March 20<sup>th</sup>Undertaker, Henry SandersPlace of Business, 252 Canton Ave. Address, 74 S. BroadwayV. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OV 4R.]



No. 46865

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**Permit No. 46865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 19th 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert OmptotaSex, ~~Male~~ Female { cross out the word not required in this line. }Age, 1 Years, 6 Months,  Days.Color, white~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }Occupation, Birthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, Since birthPlace of Death, { Give street and number } 73 CambridgeCause of Death, { First, (Primary.) } Pneumonia  
{ Second, (Immediate.) }Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount CarmelDate of Burial, March 21st A. P. Erich M. D.

Medical Attendant.

{ Undertaker, James J. Sander{ Place of Business, 102 Camden Address, 94 St. Broadway**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

46866

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

March 19th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm Emil Vogel

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Twenty seven

Years,

Three

Months,

White

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Artist

Germany

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

27 years

Place of Death,

{ Give street and number. }

526 Lexington St

Bright Disease

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Hemiplegia & Congestion of the Lungs  
About 18 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Grundy Hill Park

Date of Burial,

March 21st 1881

{ Undertaker,

John G. Neuhoff

{ Place of Business,

308 Franklin St

Address,

262 Madison Ave

Elias LePrie M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,  
Permit No. 46867 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 17, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Hiepaer.

Sex, Male of Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 14 Days.

Color, white.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Balt. Med. ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Since birth.

Duration of Residence in the City of Baltimore, 389 E. E. Avenue

Place of Death, { Give street and number. } Tuberculous Meningite

Cause of Death, { First, (Primary.) Convulsions  
Second, (Immediate.) } Three days

Duration of Last Sickness, All the above information should be furnished by the Physician.

Place of Burial, H. G. Rusk M.D.,

Date of Burial, March 24th, Medical Attendant.

{ Undertaker, J. H. Froehlich

{ Place of Business, 244 Canton Avenue Address, Balt. & West. 3.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



Board of Health, City of Baltimore,  
Permit No. 46868 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, March 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Ligel

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 58 Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Barber

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, { Give street and number. } 17 N. Eden St.

Cause of Death, { First, (Primary.) Phthisis Pulmonalis }  
Second, (Immediate.)

Duration of Last Sickness, 3 or 4 months. Was called in two weeks ago

All the above information should be furnished by the Physician.

Place of Burial, St. Mathai Cemtery

Date of Burial, March 20<sup>th</sup> 1881

{ Undertaker, H. Hofmann }  
Medical Attendant, M.D.,

{ Place of Business, 63 N. Eden St. Address, 299 E. Baltimore St. }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46869*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *March 18th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elmore Johnson*

Sex, Male or Female, { Cross out the words not required in this line. } *Female*

Age, \_\_\_\_\_ Years, *10* Months, \_\_\_\_\_ Days

Color, *Black*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life-time*

Place of Death, { Give street and number. } *194 Warner St.*

Cause of Death, { First (Primary,) *Pneumonia*  
Second (Immediate,) \_\_\_\_\_ }

Duration of Last Sickness, *4 Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St. Cemetery*

Date of Burial, *March 20th 1881*

{ Undertaker, *Geo H Perkins & Co*  
Place of Business, *130 Henrietta St.* }

Address, *406 Cross St.*

*L. St. L. Ball* M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No 460

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

tion of this Certificate,  
after the death of said  
20  
R CERTIFICATE.  
BALTIMORE

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johann Jankeewitz.

Age,            Years, 1 Months, 1 Days.

Married Single Widowed or Widower { Cross out the word not used in this line. }

(State or country, (and how) ) Baltimore, City, Md.

Duration of Residence in the City of Baltimore, Thirteen Years

Cause of Death, } First, (Primary.) *Sturion pneumonia*

*Duration of last Sickness,* .....

Place of Burial St. Stephens

Date of Burial, Feb 20 1946

Medical Attendant.

(Place of Business) St. Louis, Mo. Address, St. Louis, Mo.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice,

[OVER]



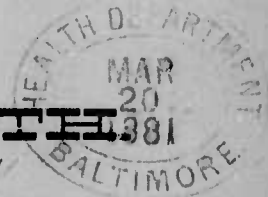
# Board of Health, City of Baltimore,

Permit No. *46871*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

*March 19th 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Mary A Myers*

Sex, Male or Female.

Cross out the word not required in this line.

Age,

*63*

Years,

Months,

Days.

Color,

*White*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Virginia*

Duration of Residence in the City of Baltimore,

*40 years*

Place of Death,

Give street and number.

*86 Lombard St*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Congestion of Kidneys*

*Nephritis*

Duration of Last Sickness,

*About 4 weeks*

All the above information should be furnished by the Physician.

Place of Burial,

*Meech & Shields*

Date of Burial,

*March 21st*

Undertaker,

*Meech & Shields*

Place of Business,

*60 N Carrollton ave*

Address,

*582 N Carrollton ave*

M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46872

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 19<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen BeardSex, ~~Male~~ or Female, { cross out the word not required in this line. } \_\_\_\_\_Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, ColoredMarried, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore CountyDuration of Residence in the City of Baltimore, 7 1/2 YearsPlace of Death, { Give street and number } 191 Chestnut St.Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption ✓Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Stevens ChapelDate of Burial, March 21<sup>st</sup> 1881 E. B. Tenby M. D. Medical Attendant.{ Undertaker, Charles A White{ Place of Business, 35 Grand St Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WEL. J. C. DULANTY &amp; CO. CITY PRINTERS AND STATIONERS.

#2111 John

[OV4B.]

# Board of Health, City of Baltimore,

Permit No. *46873*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

*March 17 1881*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*John W. Thomas*

Sex, Male ~~or Female~~,

{ Cross out the word not required in this line. }

Age,

*25*

Years,

Months,

Days.

Color,

*d*

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

*Baltimore Md*

Duration of Residence in the City of Baltimore,

*life*

Place of Death,

{ Give street and number. }

*32 Short-st*

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

*Heart Disease*

Duration of Last Sickness,

*3 months*

All the above information should be furnished by the Physician.

Place of Burial,

*Louise Ben James Allen*

Date of Burial,

*March 20 1881*

{ Undertaker,

*C. A. White*

{ Place of Business,

Address,

*Joseph P. Smith*  
*Sanitary Inspector*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No.

46874

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

March 19<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Rebecca

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

54

Years,

Months,

Days.

Color,

white

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Single

Occupation,

Look Pa

Birthplace,

(State or Country and how long in the United States, if of foreign birth.)

13 years

Duration of Residence in the City of Baltimore,

Place of Death,

(Give street and number.)

44 N. Poppleton

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

3 days

Place of Burial,

York PA

Date of Burial,

March 21

Thomas C. M.D.,

Medical Attendant.

Undertaker,

Joseph P. Cook

Place of Business,

707 W. Baltimore

Address,

581 Lexington

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# 2112 Thomas

# Board of Health, City of Baltimore,

Permit No. *46875*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT  
MAR 20 1881  
BALTIMORE

Date of Death,

*March 19 1881*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Frank. Stevenson*

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

*15 Minutes*

Color,

*white*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

*Baltimore Md*

Duration of Residence in the City of Baltimore,

*life*

Place of Death,

{ Give street and number. }

*4 Oliver St  
Spasm*

Cause of Death,

{ First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

*life*

All the above information should be furnished by the Physician.

Place of Burial,

*Healy Cross Cemetery*

Date of Burial,

*March 20 1881*

M.D.,

{ Undertaker,

*H. C. Wiedefeld*

{ Place of Business,

*90 Greenmount Ave*

Address,

*Joseph P. Smith  
Sanitary Inspector*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46876

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, March 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } 7<sup>m</sup> Lee. Schene

Sex, Male or Female. { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 8 Months, 8 Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give street and number. } 115 Park in As

Cause of Death, { First, (Primary.) } Toxæmia  
{ Second, (Immediate.) } Collapse

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Butterm Cemetery

Date of Burial, March 21

A. W. Colburn M.D.,  
Medical Attendant.

{ Undertaker, } L. B. Cook

{ Place of Business, } 707 West Baltimore Address, 343 N. Lombard St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46877*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 20<sup>th</sup> 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Schnell*

Sex, ~~Male~~ ☒ Female, { Cross out the word not required in this line. }

Age, *67* Years, *7* Months, Days.

Color, *with* Sex,

Married, ~~Single~~ ☒ Widow or ~~Widower~~ ☒ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *Years 27*

Place of Death, { Give street and number. } *145 Little Green-st*

Cause of Death, { First (Primary), Second (Immediate), } *Tumor of the bowels  
Carcinoma*

Duration of Last Sickness, *six months*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cem* *Adolph Boehm, M. D.*

Date of Burial, *March 22/81* Medical Attendant.

{ Undertaker, *Row & Bartlett* Address

{ Place of Business, *62 1/2 W. Balt St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

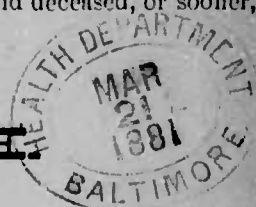
# Board of Health, City of Baltimore,

Permit No. *46878*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

*Mar 20, 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Not named*

Sex, Male ~~or Female~~,

Cross out the word not required in this line.

*Infant of C. W. Adams*

Age,

Years,

Months,

*2*

Days.

Color,

*White*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

*-*

Occupation,

Birthplace,

(State or Country and how long in the United States, if of foreign birth.)

*Bald, Md*

Duration of Residence in the City of Baltimore,

Place of Death,

(Give street and number.)

*357 McHenry st*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Hemorrhage from bowels*

Duration of Last Sickness,

*Lifetime*

All the above information should be furnished by the Physician.

Place of Burial,

*London park*

Date of Burial,

*Mar 21 1881*

Undertaker,

*Chas. W. Adams*

Place of Business,

Address,

*319 Hollins st*

*James Barclay* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]





No. 4680

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, 20 March 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter C. AndrieSex, Male or Female, { cross out the word not required in this line. } maleAge, 73 Years, 6 Months, — Days.Color, whiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } unmarriedOccupation, GardnerBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Forbach - Prussian PomeraniaDuration of Residence in the City of Baltimore, 20 yearsPlace of Death, { Give street and number } Belt Road - Schuetzen parkCause of Death, { First, (Primary.) Second, (Immediate.) } Gangrena senilis  
ExhaustionDuration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CemeteryDate of Burial, March 21<sup>st</sup>{ Undertaker, George Schilling{ Place of Business, Bellevue Avenue Address, 224 Mt. Fayette Street**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 46881

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46881

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 19 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edy M. Coleman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Two Years, Months, Twenty Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } No. 124 Jefferson St.

Cause of Death, { First, (Primary.) } Diphtheria  
 { Second, (Immediate.) }

Duration of last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 21st

{ Undertaker, George Schilling } M. D. J. H. Hendricks  
 { Place of Business, Island Square } Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANTY & CO. CITY PRINTERS AND STATIONERS.

[OV 411.]

No. 2  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Saturday, March 10, 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nicholas Cornelius

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 76 Years, 10 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Retired Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Queen Anne's Co Md

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give street and number } 163 Forest St.

Cause of Death { First, (Primary,) Paralysis of Brain  
Second, (Immediate,) Asthma. } ✓

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 21, 1891

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St Address, 257 Pennsylvania Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46.883

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

March 20 - 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Elizabeth Taylor

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age, Eighty-eight Years,

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, Widow or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Scotland

Duration of Residence in the City of Baltimore,

About Fifty-one Years

Place of Death,

Give street and number.

239 Lenox St.  
Pneumonia

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

Five days

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

March 22 - 1881

Undertaker,

Peter Hummel

Place of Business,

317 Mulberry St.

Address,

87 Mulberry St.

W. G. Rider M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46884

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

20th March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth H. Worthington

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 70 Years,

Months, 17 Days.

Color,

W

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Calcutta India

Duration of Residence in the City of Baltimore,

40 years

Place of Death, { Give street and number. }

129. Hanover St

Cause of Death, { First, (Primary.) }

Bright Disease of Kidney

Second, (Immediate.)

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial, Friends Ground

Date of Burial,

Mar 22

H. W. Webster

M.D.,

Medical Attendant.

Undertaker, S. W. M. M. M.

Place of Business,

35 Hanover St

Address,

57 Hanover St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 46885

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

March 19, 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward E. Diggs

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

One

Years,

Five

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

#126 N. Calhoun St.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Scarlet Fever

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

March 21st

Undertaker,

Myer & Neuman

Place of Business,

81 N Broadway

Address, 584 W Fayette St.

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the following, which will be found on each of the following pages.

# Board of Health, City of Baltimore,

Permit No. 4-6 886

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

Date of Death,

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male or Female~~, { Cross out the word not }  
 { required in this line. }

Age, ..... Years, ..... Months, ..... Days.

Color, White

*Married, Single, Widow or Widower,* { Cross out the word not }  
required in this line.

Occupation,

*Birthplace,* { State or Country and how  
long in the United States,  
if of foreign birth. }

Duration of Residence in the City of Baltimore,..... 19 1/2

Place of Death, { Give street and }  
number. {

*Cause of Death,* } First, (Primary.)  
                              } Second, (Immediate.)

Duration of Last Sickness,.....One Day

All the above information should be furnished by the Physician.

Place of Burial, *St. Peters*

Date of Burial, *March 21 1881.*

( Undertaker, *Mathew Cadogan*

Place of Business, 227 Mulberry St

*Dr. H. H. H. H.* M.D.,  
Medical Attendant.

Address, *Mr. J. H. Bell*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46887

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 19, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence E. Smith

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1, Years, 2, Months, 12, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bath.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 36. Corrington St

Cause of Death, { First, (Primary.) Measles  
Second, (Immediate.) Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 21-1881

{ Undertaker, J. G. Hoale.

{ Place of Business, 82 West W St Address, 146 Hanover St

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46888

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 29<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie HugelSex, Male or Female, { cross out the word not required in this line. }Age, 1 Years, 7 Months, 27 Days.Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt - MdDuration of Residence in the City of Baltimore, Place of Death, { Give street and number } 77 E. Lombard StCause of Death, { First, (Primary.) Nephritis  
Second, (Immediate,) acute Indurated LungDuration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. CemeteryDate of Burial, March 29<sup>th</sup> 1881 G. Lieberman M. D.

Medical Attendant.

{ Undertaker, J. D. Rossing{ Place of Business, 97 Orleans St Address, 229 W Lombard**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 20<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Annie May Nixon*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *Eight* Years, *Seven* Months, *one* Day.

Color, *white* Sex, *female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Balto. City*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto. City*

Duration of Residence in the City of Baltimore, *633 N. Pratt St.*

Place of Death, { Give street and number. } *633 N. Pratt St.*

Cause of Death, { First (Primary,) *Typhoid Pneumonia*  
Second (Immediate,) *Exhaustion*

Duration of Last Sickness, *Six days*

All the above information should be furnished by the Physician.

Place of Burial, *Old South Cemetery*

Date of Burial, *March 22<sup>nd</sup> 1881*

Under taker, *J. J. Cook* Address *126 Mulberry St.*

Place of Business, *707 West Baltimore*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Friday March 18<sup>th</sup> 1880Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Louisa Jones -Sex, Male or Female, { cross out the word not required in this line. } FemaleAge, 2 Years, 2 Months, 21 Days.Color, coloredMarried, Single, Widow or Widower, { Cross out the word not required in this line. } SingleOccupation, NoneBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Ble -Duration of Residence in the City of Baltimore, LifePlace of Death, { Give street and number } 87 McElderry StCause of Death { First, (Primary,) Exhaustion -  
Second, (Immediate,) LifeDuration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Greenwood CemeteryDate of Burial, Mar 21 1880 Irving Miller M. D.  
Medical Attendant.{ Undertaker, Wm J. Lock{ Place of Business, 13 Jefferson St Address, 179 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 20<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Bacigalappo

Sex, Male or Female, { cross out the word not required in this line. }

Age, 22 Years, 22 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Baby

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Baltimore

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) Pharyngitis  
Second, (Immediate,) 15 days

Duration of last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Cemetery

Date of Burial, March 21<sup>st</sup> 1881

Undertaker, Gas O Byrne

Place of Business, 63 Franklin St

Address, 5 Franklin St

M. D.

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 20, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nicholas P. Chapman

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 53 Years, 2 Months, 25 Days.

Color, White, Sex, —

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, 37 years

Place of Death, { Give street and number. } 319 Grand Hill Avenue

Cause of Death, { First (Primary,) } Paralysis.  
{ Second (Immediate,)

Duration of Last Sickness, 19 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 22<sup>nd</sup> 1881

E. M. Reid M. D.  
Medical Attendant.

{ Undertaker, Andrews & Hodges

{ Place of Business, No 486 Grand Hill Ave Address 243 N. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46893.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, 19 March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Hurley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, about 2 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1 month

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) } Marasmus

{ Second, (Immediate.) } Hydrocephaloid

Duration of Last Sickness, when received Marasmus for admission

All the above information should be furnished by the Physician.

Place of Burial, Bonine Place

Date of Burial, March 21, 1881

{ Undertaker, J. J. Branigan

{ Place of Business, 157 Division St.

Marbury Proctor M.D.,  
Medical Attendant.

Address, 27 N. E. Street St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No.

46894

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, March 18, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Hooper

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, Months, 12 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) } Tabes Mesenterica

{ Second, (Immediate.) } Anemia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Annie Bruce

Date of Burial, March 21, 1881

{ Undertaker, J. J. Brannigan

{ Place of Business, 156 Division St.

Marbury Brewer M.D.,  
Medical Attendant.

Address, 88 W. Calverton St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46 895.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 20th March 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elisabetha Krebs

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 24 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, { Give street and number }

S. Wolpertstr 52.

Cause of Death, { First, (Primary) Second, (Immediate,) }

Tuberculosis Pulmonum

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus,

Date of Burial, March 24th 81 William Hennel M. D. Medical Attendant.

{ Undertaker, M. France

{ Place of Business, 250 Canton Address, S. Wolpert 117.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *46896*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *March 20<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Herman Hollerman*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *64* Years, Months, Days.

Color, *white*

~~Married~~, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Laborer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany - 38 years in U.S.*

Duration of Residence in the City of Baltimore, *many years*

Place of Death, { Give street and number. } *47 Central Market Space*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Accidental fall down stairs*  
*Fracture of cervical spine*

Duration of Last Sickness, *5 minutes*

All the above information should be furnished by the Physician.

Place of Burial, *E. Pub. Cem.*

Date of Burial, *Mar<sup>ch</sup> 21-1887* *Edmund R. Walker* M.D.,  
Medical Attendant.

{ Undertaker, *Far<sup>m</sup> Mullen*

{ Place of Business, Address, *Coroner M. P. S.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46897

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

March 20 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas. A. Dunbar

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

17

Years,

6

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Balti. City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

908 E. Pratt St.

Cause of Death,

{ First, (Primary.) }

Acute Myocarditis & extensive softening

{ Second, (Immediate.) }

Coronary - Disease

Duration of Last Sickness,

About one year

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

March 22nd 1881

M.D.,

Medical Attendant.

{ Undertaker,

Denny & Mitchell

{ Place of Business,

65 S Broadway

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Formulas below, and to the Instructions on the back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *146898*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *March 21<sup>st</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elisabeth P. Crocker*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *76* Years, Months, Days.

Color, *White* Sex,

Married, ~~Single~~ Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *South Carolina*

Duration of Residence in the City of Baltimore, *Several months*

Place of Death, { Give street and number. } *55 Franklin St*

Cause of Death, { First (Primary), Second (Immediate), } *Exhaustion* ✓

Duration of Last Sickness, *Several months*

All the above information should be furnished by the Physician.

Place of Burial, *Charleston S.C.* *J. J. Miles* M. D.

Date of Burial, *22<sup>nd</sup> March 1881* Medical Attendant.

{ Undertaker, *A. W. Jenkins Son* Address *24 Cathedral St.*

{ Place of Business, *75 N. Charles*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*Trans. 2113.*

Board of Health, City of Baltimore,

Permit No. 46899

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, March 20 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Belle Vasco

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Twenty eight (28) Years, Months, Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, All her life.

Place of Death, { Give street and number. } 361 Penna Avenue

Cause of Death, { First (Primary,) Bright disease - Albuminuria  
(Post-mortem report confirmed) }  
{ Second (Immediate,) Uræmic Coma }

Duration of Last Sickness, About Eighteen Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 22nd 1881

Medical Attendant, A. C. Saw M. D.

{ Undertaker, McChenouin } Address 701 N. Bond Street

{ Place of Business, 336 Penna Ave }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

46,900

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *March 21st 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Bertha Markolf*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *42* Years, *9* Months, *23* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *30 yrs*

Place of Death, { Give street and number. } *156 Linden Ave*

Cause of Death, { First, (Primary.)  
Second, (Immediate.) } *Apoplexy* ✓

Duration of Last Sickness, *4 or 30 hours*

All the above information should be furnished by the Physician.

Place of Burial, *London Park C.*

Date of Burial, *23rd of March 1881*

*Elias C Price M.D.,*  
Medical Attendant.

{ Undertaker, *Ph. Seewald*

{ Place of Business, *35 S. Eutan* Address, *262 Mcaden Ave*

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 46901

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 21/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } F. S. Purger

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 4 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. city

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 38 S. Castle St.

Cause of Death, { First, (Primary.) Cyanosis }  
{ Second, (Immediate.) \_\_\_\_\_ }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Spring Hill Cem.

Date of Burial, March 22

{ Undertaker, J. Lippel }

{ Place of Business, 474 S. Bond }

R. W. Mansfield M.D.,  
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46902

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

March 21st, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Williams

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, Forty-four Years,

Months,

Days.

Color,

Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Single

Occupation,

Cook.

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

North U.C

Duration of Residence in the City of Baltimore,

Eleven years.

Place of Death, { Give street and number. }

163 Cornway St.

Cause of Death, { First, (Primary.) }

Phthisis Pulmonum

Second, (Immediate.)

Exhaustion

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

March 22, 1881

Undertaker,

Fredrick J. Naumke

Place of Business,

No 83 Poppleton St

DeLauncy H. Barclay M.D.,  
Medical Attendant.

Address, 47 Cornway St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46903

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, March 21 1881

Full Name of Deceased, John Hagen  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male  
Cross out the word not required in this line.

Age, 19 Years, 4 Months, — Days.

Color, White

Married, Single, Widow or Widower, Single  
Cross out the word not required in this line.

Occupation, City

Birthplace, City  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, —

Place of Death, 231 1/2 S Broadway  
Give street and number.

Cause of Death, Pneumonia  
Measles  
16 days  
First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, March 23rd 1881

Undertaker, John C. Schuch

Place of Business, 240 N. Main St. Address, —

W. H. H. H. H. M.D.,  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. *46904*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

*March 21 / 81*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Charlotte P. Sutz*

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

*78*

Years,

Months,

Days.

Color,

*White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

*Housewife*

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Penn.*

Duration of Residence in the City of Baltimore,

*30 years*

Place of Death,

Give street and number.

*130 Pearl St.*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Phthisis*

Duration of Last Sickness,

*2 years*

All the above information should be furnished by the Physician.

Place of Burial,

*Lenox Park bly*

Date of Burial,

*March 23 / 81*

M.D.,

Medical Attendant.

Undertaker,

*John Macha*

Place of Business,

*Park & Fayette St*

Address,

*87 Greene St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1111  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 20<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Charles Hingle

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 3 Years, 5 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 3-5-2

Place of Death, { Give street and number } 82 Towson

Cause of Death, { First, (Primary.) Uremic symptoms, Congestion of lungs & one week  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Church

Date of Burial, March 22<sup>d</sup>

Undertaker, Henry Hingle

Place of Business, 252 Canton St. Address, Light House

R. B. Fishburne M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 20, 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Annie Mary YakelSex, Male or Female, { cross out the word not required in this line. } FemaleAge, Forty One Years, Two Months, Twenty One Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } GermanyDuration of Residence in the City of Baltimore, Nine YearsPlace of Death, { Give street and number } No. 120 N. Bethel St.Cause of Death, { First, (Primary,) Consumption }  
{ Second, (Immediate,) Three weeks }Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. MatthewsDate of Burial, March 22<sup>nd</sup>{ Undertaker, Henry J. Lande } M. D. M. D.  
Medical Attendant.{ Place of Business, 253 Chestnut } Address, No. 102 N Broadway**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

{OVER}



The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

## Board of Health, City of Baltimore,

Permit No. *46907*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death,

*July 2<sup>nd</sup> 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Severn Elbi*

Sex, Male or Female,

Cross out the word not required in this line.

Age,

*33*

Years,

Months,

Days.

Color,

*C*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

*Steward on Str Yacht Larnie*

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*City*

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

*Chesee Wharf.*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Killed by boiler explosion on Str Yacht Larnie*

Duration of Last Sickness,

*Sudden Death*

All the above information should be furnished by the Physician.

Place of Burial,

*Green Cemetery*

Date of Burial,

*Aug 22<sup>nd</sup> 1881*

Undertaker,

*Rev J. F. Locks*

Place of Business,

*13 Jefferson St*

*Chas. H. Wright* M.D.,

Medical Attendant.

Address,

*67 E. Baltimore St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**Board of Health, City of Baltimore,**

Permit No. *46908*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

**CERTIFICATE OF DEATH**

Date of Death,

*March 21<sup>st</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Catherine Prindich Smith*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *62*

Years,

*3*

Months,

Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

*Married*

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Germany*

Duration of Residence in the City of Baltimore,

*28 years*

Place of Death, { Give street and number. }

*76 Granby St.*

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

*Bright Disease, &c.*

Duration of Last Sickness,

*About 18 months.*

All the above information should be furnished by the Physician.

Place of Burial,

*Baltimore Cemetery*

Date of Burial,

*March 23. 1881.*

*D. M. Cattell*

M.D.,

Medical Attendant.

{ Undertaker,

*H. Hofmann*

{ Place of Business,

*63 N. Eden St.*

Address,

*213 Broadway*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 46909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Mar 19

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Francis White

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 8 Days.

Color,

Car

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

112 Waters Court

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Unknown

Phosmas

A few hours ✓

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 22<sup>nd</sup> 1881

W W Antin M.D.,

Medical Attendant.

{ Undertaker, Charles A. White

{ Place of Business, 35 Wranby St

Address, 192 Pearl St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *16910*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

*22<sup>d</sup> day of March 1891*

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

*Frederick Schatz*

Sex, Male or Female,

Cross out the word not required in this line.

Age,

*10*

Years,

Months,

Days.

Color,

*White*

Sex,

*Male*

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

*Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

*No 10 W. Baltimore St.*

Cause of Death,

First (Primary),

*Convulsions*

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

*Baltimore County*

Date of Burial,

*March 23<sup>d</sup> at 2 P. M.*

Undertaker,

*James Muller*

Address

Place of Business,

*21 Harrison St.*

*Frederick Schatz*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 46911

## Board of Health, City of Baltimore,

Permit No. 46911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Harris

Sex, Male or Female, { cross out the word not required in this line. }

Age, 68 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 110 Cedar Alley

Cause of Death, { First, (Primary,) Second, (Immediate,) } Disease of the Heart

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 23 1881 Edward R. Harris M. D.

{ Undertaker, Thos D. Hughes Medical Attendant.

{ Place of Business, 44 E. Baltimore Address, 248 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. • And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

{OVER}

No. 46912

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 21/88.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Elizabeth A Bowersock

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

2

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth.)

Balto. City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number

236 Pierce St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia  
One year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Linden Park Cemetery

Date of Burial,

March 21<sup>st</sup> 1888

James W. Knight

M. D.

Medical Attendant.

Undertaker,

Wm Weaver

Place of Business,

No 202 N. Eutaw St

Address,

112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER)



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *46913*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, *March 22<sup>d</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Lorrie Young*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, *9* Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Nurse*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Bay View*

Duration of Residence in the City of Baltimore, *9 mo*

Place of Death, { Give street and number. } *No 34, Orleans st near*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *catarrh {Chute}*  
*convulsions*

Duration of Last Sickness, *on its life*

All the above information should be furnished by the Physician.

Place of Burial, *E. Public Cemetery*

Date of Burial, *Mar 22<sup>d</sup> 1881*

{ Undertaker, *Pat Mullin*

{ Place of Business, \_\_\_\_\_

*Wm H. Morris* M.D.,  
Medical Attendant.

Address, *Dispensary*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No.

46914

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, 21 March 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Caroline Hierman

Sex, Male or Female, Cross out the word not required in this line.

Age, 74 Years, Months, Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.

Occupation,

Birthplace, State or Country and how long in the United States, if of foreign birth. County Baden, Allemagne

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. Asylum of the Little Sisters of the Poor

Cause of Death, First, (Primary.) Congestion of the Brain  
Second, (Immediate.)

Duration of Last Sickness, about ten weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 23 March 1881

Undertaker, Henry Schmitts, Wendell Dyer

Place of Business, J. Bond 657 Address,

Medical Attendant.

M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 276910

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 20th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Baumann

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 54 Years, Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Carver

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and number } No 162 Preston st

Cause of Death { First, (Primary,) } Phthisis pulmonalis  
{ Second, (Immediate,) } 9 years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 22nd 1881 C. L. Buddenbom M. D.  
Medical Attendant.

Undertaker, Peter Kismert

Place of Business, 317 Mulberry st Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.



No. 46916  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, March 21<sup>st</sup> 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Leo Francis Baciogaluppe

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, 2 Months, 4 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 62 President St

Cause of Death { First, (Primary,) Drowning  
Second, (Immediate,) 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Vincent's Cemetery

Date of Burial, March 24<sup>th</sup> 1885 John Morris M. D.  
Medical Attendant.

Undertaker, J. P. Burnell

Place of Business, 63<sup>rd</sup> Street Address, 5 Franklin St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 21, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mama Ogden

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 76 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 239 Saratoga St.

Cause of Death { First, (Primary,) Phthisis  
Second, (Immediate,) Phthisis, }

Duration of last Sickness, a year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, 23<sup>rd</sup> March 1881

{ Undertaker, H.W. Jenkins & Son

{ Place of Business, 75 N. Charles St. Address, 175 Saratoga St.

W. P. Morgan M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46918*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, *March 22nd 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Emanuel Wickle*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *23* Years, Months, Days.

Color, *White* Sex, *Male*

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Book-Binder*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *York Penn.*

Duration of Residence in the City of Baltimore, *16 years*

Place of Death, { Give street and number. } *471 Franklin St.*

Cause of Death, { First (Primary), Second (Immediate), } *Phthisis Pulmonalis Hemorrhage* ✓

Duration of Last Sickness, *About 10 months.*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *March 24, 1881* *J. K. Mervick* M. D. Medical Attendant.

{ Undertaker, *Thos. Haynes* Address *131 W. Biddle St.*

{ Place of Business, *Goetzbuosh*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.



Board of Health, City of Baltimore,

Permit No. 46919

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 22, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Gerhard Imhofe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Hanover - Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, { Give street and number. } 196 S. Fremont St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Sclerum Tremens

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 23<sup>rd</sup> 1881 O. A. Cooke M.D.,

Medical Attendant.

{ Undertaker, Wm J. Fisher

{ Place of Business, 83 S. Baltimore St Address, 244 N. Calvert

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. *46920*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *March 21 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Martin Horsh*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~19th month~~ Years, *thirteen* Months, ~~13~~ *thirteen* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *X*

Occupation, *X*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *140 S Wolf*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *tubercular meningitis*  
*anuronic*

Duration of Last Sickness, *four weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Matthews Cemetery*

Date of Burial, *March 23th 1881*

*A. S. Friedman* M.D.,  
Medical Attendant.

Undertaker, *Caspar Eckhardt*

Place of Business, *269 Canton Ave.* Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 20<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cleopatra E. Cummings

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Years, White Months, 2 Days, 1

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 42 Sharp Street,

Duration of Residence in the City of Baltimore, Three weeks

Place of Death, { Give street and number } No 8 Pine St.

Cause of Death { First, (Primary.) Gastritis  
Second, (Immediate,) One week.

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 23 1881

Undertaker, D. M. Chase

Place of Business, 178 Howard St.

James B. Goodhue M. D.  
Medical Attendant,

Address, #150 Green Street  
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 116922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 19<sup>th</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Anne Blackson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, One Years, Nine Months,    Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,   

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 1 yr 9 mos

Place of Death, { Give street and number } 234 West St

Cause of Death { First, (Primary.) Second, (Immediate.) } Meningitis

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Mar 24<sup>th</sup> 1881 Robert S. Rowe M. D.  
Medical Attendant.

{ Undertaker, Geo H. Perkins

{ Place of Business, 130 Henrietta St Address, 323 Light St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 46923

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 22nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry W. Stevenson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 Years, — Months, 15 Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 18 Little Pine

Cause of Death, { First, (Primary.) } Scarlatina  
{ Second, (Immediate.) } Dropsy

Duration of last Sickness, 2 or 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23<sup>d</sup> 1887

Undertaker, Wm J Gray

Place of Business, 45 Mulberry St

H. F. Hill M. D.  
Medical Attendant.

Address, 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DUNN & CO. CITY PRINTERS AND STATIONERS.

[OV 41.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46924

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, March 22<sup>nd</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Michael Hurley

Sex, Male or ~~Female~~. { Cross out the word not required in this line. }

Age, Sixty seven Years,

Months,

Days.

Color, White

Married, ~~Single~~, ~~Widow~~, or ~~Widower~~. { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, { Give street and number. }

7 S. Calhoun St.

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Pneumonia  
Exhaustion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, March 24 1881

T. P. McCormick M.D.,  
Medical Attendant.

{ Undertaker, Mathew Padogan

{ Place of Business, 227 Mulberry St.

Address,

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *46925*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *March 22, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thomas W. Hurley*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *2* Years, *7* Months, *12* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balk*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *153 Hamburg*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Measles*  
*Pneumonia*

Duration of Last Sickness, *8 days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cem*

Date of Burial, *March 24th 1881*

Undertaker, *Armstrong & Denny*

Place of Business, *263 Light St* Address, *146 Hanover St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11692

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 21stFull Name of Deceased, Joseph Rooster  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }Sex, Male or Female, { cross out the word not required in this line. }Age, 51 Years, 11 Months, 30 Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. }Occupation, SalesmanBirthplace, Calvert County  
{ State or country, (and how long in the United States, if of foreign birth. }Duration of Residence in the City of Baltimore, No 505 Hullon StPlace of Death, Hyper trophy with vacular dilation of Heart  
{ Give street and number }Cause of Death, 4 weeks  
{ First, (Primary.) Second, (Immediate.) }Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount OlivetDate of Burial, March 28th 1881 J. C. Pouch M. D.  
 Medical Attendant.{ Undertaker, Arndtson & Denney{ Place of Business, 263 Light St Address, 151 E. Avenue  
 SA**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases

## Board of Health, City of Baltimore

Permit No. 4692

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, March 22

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William J. Reynolds

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 66 Years, 6 Months,  Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Mariner

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 mts

Place of Death, { Give street and number. } 74 Johnson St

Cause of Death, { First, (Primary.) } Hydrothorax (Chronic Phthisis)

{ Second, (Immediate.) } Asphyxiation

Duration of Last Sickness, 6 mts

All the above information should be furnished by the Physician.

Place of Burial, Cecil Co

Date of Burial, March 24th 1881

{ Undertaker, Armstrong & Denny

{ Place of Business, 263 Light St

Address, 313 Light St

Medical Attendant.

M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 2/15



No. 46928  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 23 March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carl Bert Sr.

Sex, Male or Female, { Cross out the words not required in this line. } male

Age, 75 Years, 7 Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } widower

Occupation, 8 Capmaker

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Germany 13 years in U.S.

Duration of Residence in the City of Baltimore, 13 years in W Baltimore.

Place of Death, { Give street and number. } W Baltimore St 515

Cause of Death, { First (Primary,) } Apoplexie  
{ Second (Immediate,) } Edema pulmonum

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 24th 1881

Undertaker, Adam Weidemeyer

Place of Business, 518-2 W. Baltimore St

Address, 224 West Fayette Street

Medical Attendant, S. F. Prichard M.D.

#### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The body to its Destination.

City of Baltimore,

Permit No. 46929

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Mar 22<sup>nd</sup> 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A C Eukelman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, 17 Months, 20 Days.

Color, white

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, seamstress

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, { Give street and number. } 352 Gilmore St

Cause of Death, { First, (Primary.) } Stomatitis Materna  
{ Second, (Immediate.) } Eclampsia

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, Thursday March 24<sup>th</sup> 1881

Undertaker, G. Schutts

Place of Business, 157 1/2 Mulberry St Address, 143 N. Charles

W. S. Eukelman M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 20<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary. C. Mules

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Thirty one Years, Months, Days.

Color, White Sex, Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, { Give street and number. } 338 Franklin St

Cause of Death, { First (Primary), Second (Immediate), } Mercurial dyscrasia - Blood Poison - Six weeks

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cem W. Harris M. D.

Date of Burial, Mar 23 Medical Attendant.

{ Undertaker, C. W. Buzzard Address

{ Place of Business, 207 Rehar

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 22, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Jane Hook

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 60 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Copper Smelter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number. } University Hospital

Cause of Death { First, (Primary,) Bright's & Valvular Dis of heart  
Second, (Immediate,) Asthenia

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 23, 1881

Undertaker, Chas S Driver

Place of Business, 271 N Canton St

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 46932

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 21 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mallett ButlerSex, Male or ~~Female~~, { cross out the word not required in this line. }Age, 3 Years, 5 Months, 4 Days.Color, ColdMarried, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore CityDuration of Residence in the City of Baltimore, LifePlace of Death, { Give street and number } 53 Walker StCause of Death, { First, (Primary.) Second, (Immediate.) } Tuberculous MeningitisDuration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp & St. IgnaceDate of Burial, March 23
Geo. H. Benson M. D.  
 Medical Attendant.
{ Undertaker, He rembles Ross{ Place of Business, 25 Union StAddress, 144 Sanderson

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *46933*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

*March 21 1881*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Gertie Thomas*

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

*1*

Years,

*8*

Months,

Days.

Color,

*Colored*

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

*Shuttl. City*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death,

{ Give street and number. }

*12 Paris al*

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

*Phthisis*

Duration of Last Sickness,

*20 months*

All the above information should be furnished by the Physician.

Place of Burial,

*Western Public Cemetery*

Date of Burial,

*Mar. 22/81*

{ Undertaker,

*J. A. Keckner*

{ Place of Business,

*50 Harriottson Ave.*

Address,

*Coroner*

*Alexander Tinsley*

M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 46934

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, *March 23<sup>d</sup> 1881*Full Name of Deceased, *Bernard Rudolph Suresch*  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }Sex, Male or Female, *male*  
{ cross out the word not required in this line. }Age, *1* Years, *4* Months,  Days.Color, *White*Married, Single, Widow or Widower, *Single*  
{ Cross out the word not required in this line. }Occupation, *B. C.*Birthplace, *B. C.*  
{ State or country, (and how long in the United States, if of foreign birth. }Duration of Residence in the City of Baltimore, *Life*Place of Death, *63 W. Biddle St*  
{ Give street and number }Cause of Death, *Acute Bronchitis*  
{ First, (Primary.)  
Second, (Immediate.) }Duration of last Sickness, *7 days*

All the above information should be furnished by the Physician.

Place of Burial, *London St Cemetery*Date of Burial, *24<sup>th</sup> March*Undertaker, *J. H. Seoll*Place of Business, *131 Market St*Address, *117 W. Monument Ave*M. D.  
Medical Attendant.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 46935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

Mar 22<sup>nd</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

David Benson  
male

Sex, Male or Female,

Cross out the word not required in this line.

Age,

30

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Married

Occupation,

Butcher

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

30 yrs.

Place of Death,

Give street and number.

142 Chestnut St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pistol shot in abdomen  
Peritonitis

Duration of Last Sickness,

60 hours

All the above information should be furnished by the Physician.

Place of Burial,

St Peter's Cemetery

Date of Burial,

March 23<sup>rd</sup> 1881

Undertaker,

Wm. N. Dwyer

Place of Business,

462 E. Pratt St.

Address,

307 N. Calvert St.

J. H. Brown, M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Handwritten notes on a separate sheet of paper, including "Mar 22" and "462 E Pratt St".

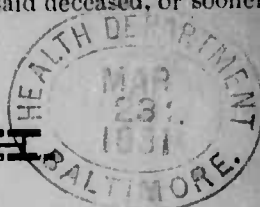
# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 46936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March 21<sup>st</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Hoover

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 10 Months, 21 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, 10 mo - 21 days

Place of Death, { Give street and number. } # 83 Wellesley Alley

Cause of Death, { First, (Primary.) Marasmus }  
{ Second, (Immediate.) 4 }

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23<sup>rd</sup> Dr. A. Bell M.D.,  
Medical Attendant.

Undertaker, Geo W Perkins Coroner 2<sup>d</sup> Dist.

Place of Business, 130 Henrietta St Address, 161 E. Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 46937

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

Date of Death, *March 23-*

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ser, ~~Male~~ or Female, { Cross out the word not }  
 required in this line. }

Age, 1 Years, 4 Months, 1 Days.

Color, Black.

*Married, Single, Widow or Widower,* Cross out the word not  
required in this line.

Occupation,

*Birthplace,* { State or Country and how }  
 { long in the United States, }  
 { if of foreign birth. } )

Duration of Residence in the City of Baltimore,

*Place of Death,* { Give street and }  
number. }

*Cause of Death,*  $\left\{ \begin{array}{l} \text{First, (Primary.)} \\ \text{Second, (Immediate.)} \end{array} \right.$

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 24<sup>th</sup> / 84*

(Undertaker, ... *W. N. Dwyer*

Place of Business, *1662 Broadway*

Address, *Forst Rd Poca st.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46938

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *March 23rd 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Christian*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *66* Years, *7* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *Dr. Lab*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *About 38 yrs*

Place of Death, { Give street and number. } *280 S. Paca St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Intussusception of Bowel*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 25th 1881*

*John S. Warner* M.D.,  
Medical Attendant

*John S. Warner*  
Undertaker, *Lead Camden*

*168 S. Paca St*  
Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46939

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death,

March 23rd 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Schmeisinger

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

62 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Widow

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

36 years

Place of Death,

{ Give street and number. }

42 Abbott St

Cause of Death,

{ First, (Primary.) }

Diabetes Insipidus

{ Second, (Immediate.) }

Emaciation Anorexia

Duration of Last Sickness,

Three years

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

March 27 1881

M.D.,

Medical Attendant.

{ Undertaker,

Henry Koch

{ Place of Business,

309 Central Ave

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 46940  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 23rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Neochdelina Baumann

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 6 Years, 6 Months, — Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Baltimore

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } No 162 Preston st

Cause of Death { First, (Primary.) } Meningitis  
{ Second, (Immediate,) } 2 weeks

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Bur

Date of Burial, March 24th 1881

{ Undertaker, Bier Baumann

{ Place of Business, — Address, 166 S. Paca st

Dr. M. Buddenbom M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

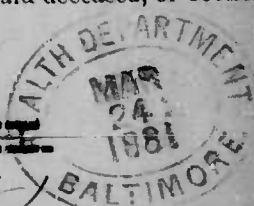
# Board of Health, City of Baltimore,

Permit No. 46941

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, March Twenty Second, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Kirby

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, ~~Forty~~ 39 Years, 10 Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, Seamstress

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Georgetown D.C.

Duration of Residence in the City of Baltimore, Twenty Two Years

Place of Death, { Give street and number. } E. Biddle St. No. 95

Cause of Death, { First, (Primary.) Phtisis Pul. Second, (Immediate.) Emphysema } ✓

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 25th, 1881 J. F. Bayler " M.D., Medical Attendant.

{ Undertaker, Denny & Mitchell }

{ Place of Business, 138 Broadway Address, }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 46942

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 22<sup>nd</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Cooper SmithSex, Male or Female, { cross out the word not required in this line. }Age, 10 Years, 11 Months, 11 Days.Color, WMarried, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 126 Townsend StCause of Death, { First, (Primary.) Second, (Immediate,) } Heart Disease  
dropsyDuration of last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, GreenwoodDate of Burial, March 24 C. H. Winter M. D.  
Medical Attendant.{ Undertaker, Wm. H. Brown{ Place of Business, 23 W. Calvert St Address, 23 W. Calvert St**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OT 11.]



# Board of Health, City of Baltimore,

Permit No. 46943

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *March 22, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Joseph F. Conchuan*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *37* Years, Months, Days.

Color, *white*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } *Single*

Occupation, *Paper Merchant*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balt. Md.*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *32 Balt. Park Ave.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Phthisis Pulmonalis*  
*Exhaustion*

Duration of Last Sickness, *Seven weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cem.*

Date of Burial, *March 25, 1881*

{ Undertaker, M. Francis }

{ Place of Business, 220 Conto Address, Balt. & Wash. D.C. }

*J. G. Cook* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 46944

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH

Date of Death,

March 22/81

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Gabriel Reubinstein

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

9 Years,

2 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

51 Madeira alley

Cause of Death,

{ First, (Primary.)

Second, (Immediate.)

Cerebro-Spinal meningitis

Duration of Last Sickness,

24 days

All the above information should be furnished by the Physician.

Place of Burial,

St Alphonsus

Date of Burial,

March 24<sup>th</sup> 81

R. W. Mansfield

M.D.,

Medical Attendant.

{ Undertaker,

M. O'Connor

{ Place of Business,

280 Canton

Address,

117 E. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46945

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 23<sup>rd</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis A. Fischer

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Seven Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } No. 147 S. Regester

Cause of Death, { First, (Primary.) Typhoid Fever  
Second, (Immediate.) Three Weeks }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 25<sup>th</sup> 1881, Wm. H. Glendner, M. D.

Medical Attendant.

{ Undertaker, M. Brown }

{ Place of Business, 810 Center Ave Address, No. 102 N Broadway }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



No. 46946

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 23<sup>rd</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Wagner

Sex, Male ~~Female~~, { cross out the word not required in this line. }

Age, 2 Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number } 164 S. Caroline St.

Cause of Death, { First, (Primary,) Meningitis  
Second, (Immediate,) }  
Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Stephen's

Date of Burial, March 25<sup>th</sup> 1881

{ Undertaker, J. F. Erich, M. D. Medical Attendant.

{ Place of Business, 200 Center St. Address, 94 S. Broadway.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DULANTY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 46947

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, March 28,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James D. Jones

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give street and number. } 1080 E. Baltimore

Cause of Death, { First, (Primary.) Diphtheria }  
{ Second, (Immediate.) }

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, March 25<sup>th</sup>

{ Undertaker, M. Clarke & Sons }

{ Place of Business, 14 E. Baltimore St Address, 244 E. Baltimore St }

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *46948*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *Mar 23rd 1881*

Full Name of Deceased, *Clara Floeter* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Female* { Cross out the word not required in this line. }

Age, *48* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, *Married* { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, *Germany* { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *9 years*

Place of Death, *3814 Pratt St* { Give street and number. }

Cause of Death, *Heart Disease* { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *Trinity Church Cemetery*

Date of Burial, *March 25th 1881*

*W. W. W. W.* M.D.,  
Medical Attendant.

{ Undertaker, *Peter Frey*

{ Place of Business, *91 E. 1st St* Address, *205 W. Lombard*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Board of Health, City of Baltimore,

Permit No.

46949

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

Mar 24/81

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Herbert

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

2

Months,

Days.

Color,

Bright

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

57 St Paul St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Diphtheria

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

Mar 24 "1881

J. G. Ward M.D.,  
Medical Attendant.

{ Undertaker,

Patrick McEllin

{ Place of Business,

S. P. Park Ave

Address,

127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 46950

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color,

Married, Single, Widows or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address,

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 21<sup>st</sup> 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Rosa Hallen

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 14 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Housework

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Seven years

Place of Death, { Give street and number } 171 Robory Street

Cause of Death { First, (Primary,) Phthisis Pulmonalis  
Second, (Immediate,) Asthma }

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, March 24 A.C. McSherry

M. D.

Medical Attendant.

Undertaker, O. Wayman

Place of Business, #13 Saratoga Address, Baltimore Infirmary

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

46952

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, March 23 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nat Whelling Lee

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1-1- Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~. { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Ind

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. }

3 S. Front

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Exhaustion

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 10 o'clock Friday morning

Dr. B. Ray M.D.,

Medical Attendant.

{ Undertaker, Mr. Byrn

{ Place of Business, Front St

Address, N. E. Cor Calvert Monument

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 46953

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

March 23<sup>d</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Frederick William Musser

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Twenty One Years,

Nine

Months,

Twenty Three Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Single

Occupation,

Tailor

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

During Life

Place of Death,

Give street and number.

S. W. Cor. Jefferson & Short Sts

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Phthisis Pulmonalis

Duration of Last Sickness,

Two Years & Seven Months

All the above information should be furnished by the Physician.

Place of Burial,

St. Mathai Cem't

Date of Burial,

March 23. 1881

S. P. Yeates

M.D.,

Medical Attendant.

Undertaker,

H. Hafsen

Place of Business,

63 N. Elen St

Address,

137 N. Elen St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *46957*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH.

Date of Death, *McL. 23 - 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Sewell*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *7* Years, *4* Months, *4* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *Domestic*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *84 Elbow Lane*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Inanition*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *McL 25 - 1881* *John E. Tending* M.D.,

Undertaker, *Hercules Ross*

Place of Business, *Commissioner of Health*

Address, *qua Registrar*

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*At 6. John E. Tending*



No. 46955

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 23<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dorothea Henrietta Wilhelmine Garner

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 72 - Years, 3 - Months, 2 - Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, wife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Brunswick, Germany

Duration of Residence in the City of Baltimore, about 34 years

Place of Death, { Give street and number } 292 Eastern Ave

Cause of Death { First, (Primary.) Chronic Rheumatism  
do - & ulceration of stomach  
Second, (Immediate,) } About 6 years -

Duration of last Sickness, About 6 years -

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, March 25<sup>th</sup>{ Undertaker, H. H. Frohlich } H. A. Dohme M. D.  
Medical Attendant.

{ Place of Business, 244 Eastern Ave. } Address, 86 E. Fayette St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46956

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *March 23 " 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Jerry Allen*

Sex, *Male* or *Female* { Cross out the word not required in this line. }

Age, *—* Years, *—* Months, *9* Days.

Color, *colored*

Married, *Single*, *Widow* or *Widower* { Cross out the word not required in this line. }

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balto City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *3. Philpat Alley*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *convulsions*

Duration of Last Sickness, *9 days*

All the above information should be furnished by the Physician.

Place of Burial, *East Pot Cemetery*

Date of Burial, *March 24 " 1881* *J. M. Stenard* M.D.,

Undertaker, *Pat E. Mullin*

Place of Business, *P. Park Ave*

*Commis of Health*  
*Registrar*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*Exam. J. P. Smith*

[OVER.]

No. 46957

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 24 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Eliza BrownSex, ~~Male~~ or Female, { cross out the word not required in this line. }FemaleAge, Four Years, five Months, three Days.Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

SingleOccupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

BaltimoreDuration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number }

81 Leadenhall St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

TyphoidAstheniaDuration of last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel CemeteryDate of Burial, March 24 1887

Wm Gombel M. D.  
Medical Attendant.

{ Undertaker, 18 7th Place{ Place of Business, 28 Howard StAddress, 1708 Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city; it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

## Board of Health, City of Baltimore,

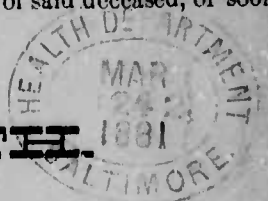
Permit No. 46958

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death,

March 23, 1881.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Robt. & Annie Still

Sex, Male or Female,

{ Cross out the word not required in this line. }

(Parents 2 Days)

Age,

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

128 Vine St.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Want of vitality  
Prematurely born.

Duration of Last Sickness,

Since Birth.

All the above information should be furnished by the Physician.

Place of Burial,

Sharp's Cemetery

Date of Burial,

March 23, 1881

{ Undertaker,

S. W. Chase

{ Place of Business,

198 Howard St.

Address,

584 N. Fayette

L. R. Niles

M.D.,

Medical Attendant.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *46959*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH.

Date of Death, *March 24th / 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henry Hechter.*

Sex, Male or Female, { Cross out the word not required in this line. } *Male.*

Age, *38* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married.*

Occupation, *Grocer.*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany.*

Duration of Residence in the City of Baltimore, *20 years.*

Place of Death, { Give street and number. } *62 Chestnut St.*

Cause of Death, { First, (Primary.) *Erysipelas of Head, Neck, &c.*  
Second, (Immediate.)

Duration of Last Sickness, *About two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *March 25th 1881*

{ Undertaker, *Peter Kummer*

{ Place of Business, *No. 1111 N. Street*

*D. M. Cathell* M.D.,  
Medical Attendant.

Address, *211 Broadway.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 46960

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 24<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Felton

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, Years, 11 Months, Days.

Color, *Ed*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baer*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 11 Jordan al

Cause of Death { First, (Primary.)  
Second, (Immediate.) } *Spasms*

Duration of last Sickness, 3 weeks -

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cem*Date of Burial, *March 25<sup>th</sup> 1887*R. Winslow M. D.  
Medical Attendant.{ Undertaker, *Pha S Serivon*{ Place of Business, *271 N Eutaw St* Address, *201 W. Biddle St*

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 46961

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46961The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 24, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Saml ButtSex, Male or ~~Female~~, { cross out the word not required in this line. }Age, 56 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }Occupation, NoneBirthplace, { State or country, (and how long in the United States, if of foreign birth. ) } Norfolk Va

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 207 Spruce St. Ave ✓Cause of Death, { First, (Primary,) Pyrexia of Stomach  
Second, (Immediate,) \_\_\_\_\_ }Duration of last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Mount OlivetDate of Burial, March 25<sup>th</sup> 1881{ Undertaker, Chas T Scribn }{ Place of Business, 2712 Rutaw St Address, 201 Spruce St. Ave }

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DOLAN &amp; CO. CITY PRINTERS AND STATIONERS.

[OV 41.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46962

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

28<sup>th</sup> March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary McManey

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 70 Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

59 Booth St

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Pneumonia

Aethenia

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial,

St. Petrus Cemetery

Date of Burial,

25<sup>th</sup> Mar. 1887

J. P. Mudge

M.D.,

Medical Attendant.

Undertaker,

Joseph B. Cook

Place of Business,

707 7<sup>th</sup> Balto. St.

Address,

207 W. Main St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46963

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 28 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman Biran

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 Years, 1 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } Crown & Mulliken

Cause of Death { First, (Primary.) Pneumonia  
Second, (Immediate,) Acute Pneumonia

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew's Cemetery

Date of Burial, March 28 1881

Undertaker, John Herzig

Place of Business, 332 Calver Street Address, 86 E. Fayette St

H. C. Doherty M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46964

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, March 23<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Taylor Crow

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 69 Years, — Months, — Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Editor of Sun paper.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Prince George's Co. Md. ✓

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, { Give street and number. } Barnum's Hotel - Balto

Cause of Death, { First, (Primary.) Apoplexy  
Second, (Immediate.) Chronic Dyspepsia. }

Duration of Last Sickness, 6 hrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 26<sup>th</sup> March 1881

A. A. Whipple M.D.,  
Medical Attendant.

{ Undertaker, H. W. Jenkins & Son

{ Place of Business, 75 N. Charles Address, 111 N. Charles St.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 46965

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 24 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah C. Tenenfeld

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, One Years, One Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 30 Oxford St

Cause of Death { First, (Primary.) Meningitis  
Second, (Immediate.) 2 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 25 1881

Undertaker, Henry Scherck

Place of Business, 150 N. Eutaw St Address, 150 N. Eutaw St

J. S. Gilliss M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46966*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *March 24<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Catharine Brooks*

Sex, ~~Male~~ Female, { Cross out the words not required in this line. }

Age, \_\_\_\_\_ Years, *nineteen* Months, \_\_\_\_\_ Days

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } *No 22 Orchard Street*

Cause of Death, { First (Primary,) *Whooping Cough*  
Second (Immediate,) *Convulsions* }

Duration of Last Sickness, *Sixteen hours*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

Date of Burial, *Mar 25 1881*

{ Undertaker, *Hensley & Co. 116 N. Liberty St.*  
Place of Business, *No 22 Orchard St.* }

Address, *No 16 N. Liberty St.*

*W. H. Hays* M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. }

Age, Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)  
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 26, 1881

{ Undertaker, Jas. Cook

{ Place of Business, 707 W. Balto St.

Address,

City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46968

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death, March 23rd 1<sup>10</sup> AM.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Rebecca Peckley

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, \_\_\_\_\_ Years, 5 Months, 2 Weeks \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X X

Occupation, X X X

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. }

37 St. Castle

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Tubercular Meningitis

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Lourd Cemetery

Date of Burial, March 25-

{ Undertaker, John H. Brown

{ Place of Business, 225 E. Canton

James E. O'Donnell M.D.,  
Medical Attendant.

Address, 299 E. Balt. St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 46969

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 24 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie McClintockSex, Male or Female, { cross out the word not required in this line. }Age, Thirty Two Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }Occupation, noneBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Philadelphia, Pa.Duration of Residence in the City of Baltimore, Two months & fifteen daysPlace of Death, { Give street and number } 135 Mulberry StCause of Death, { First, (Primary.) Intussusception Intestine  
Second, (Immediate,) Peritonitis }Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mound Olive CemeteryDate of Burial, March 26 1881{ Undertaker, Wm. W. Mears{ Place of Business, 45 N. Gay St Address, 131 W. Fayette St

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

(0742)



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

46978

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

March 24<sup>th</sup> '81

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alfred Conway

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

75

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

New Paper Carrier

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Virginia

Duration of Residence in the City of Baltimore,

64 years

Place of Death,

{ Give street and number. }

221 Mulberry

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Organic Disease Heart

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial,

Southern Park Cemetery

Date of Burial,

March 27<sup>th</sup> 1881

M.D.,

Medical Attendant.

{

Undertaker, Anthony & Hodges

{

Place of Business, No 486 Grand Hill Ave

Address,

J. G. Green

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5-1881

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 24: 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Brownell

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 34 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Halifax

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number } 481 Mulberry St

Cause of Death, { First, (Primary.) } Congestion of Brain  
{ Second, (Immediate,) }

Duration of last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Mar 26 1881

J. C. McManis M. D.  
Medical Attendant.

{ Undertaker, Denny & Mitchell

{ Place of Business, 550 H Fayette St } Address, 2501 Mad Ave

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[0748.]

No. 46972

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 26/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miriam Kaufman

Sex, Male or Female, { cross out the word not required in this line. }

Age, 80 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number } 95 W. High St

Cause of Death, { First, (Primary.) Apoplexy of brain  
Second, (Immediate,) coma

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Eden H. Hebrew Cemetery

Date of Burial, March 27<sup>th</sup> 1881

Undertaker, Mrs. Eilan

Place of Business, 101 Gough St Address,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[974R.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *46973*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, *24<sup>th</sup> March 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Francis Wittbeller*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *76* Years, Months, Days.

Color, *White*

Married, *Single*, *Widow* or *Widower*, { Cross out the word not required in this line. }

Occupation, *Gardener*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Hanover Germany*

Duration of Residence in the City of Baltimore, *Sixty years.*

Place of Death, { Give street and number. } *Asylum of the Little Sisters of the Poor*  
*Cor. John and Valley Streets*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Senile Dropsy*

Duration of Last Sickness, *Three Months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *26<sup>th</sup> March 1881*

Undertaker, *M. A. Daign*

Place of Business, *74 S. Broadway*

*W. Brooke Doyle* M.D.,  
Medical Attendant.

Address, *166 East Eager St.*

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *46974*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *Supposed March 24<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Philip J. Thomas*

Sex, *Male* ~~Female~~, { Cross out the word not required in this line. }

Age, *57* Years, *8* Months, *1* Days.

Color, *White*

Married, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Paperhanger*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Always* ✓

Place of Death, { Give street and number. } *Back Basin*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Drowned*  
*unknown to the jury*

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *Linden Park Cem*

Date of Burial, *March 26<sup>th</sup> 1881*

{ Undertaker, *J. B. Cook*

{ Place of Business, *717 W. Balto St*

*J. A. Bell* M.D.,

Medical Attendant

*Cumner - 30 Diet*

Address *101 So Sharp St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46975

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 24<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Johnson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 89 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B.

Duration of Residence in the City of Baltimore, About 50 years ✓

Place of Death, { Give street and number } 240 Hughes St.

Cause of Death { First, (Primary.) Old Age. }  
Second, (Immediate,)

Duration of last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, March 28<sup>th</sup> 1881

Undertaker, H. Perkins & Co.

Place of Business, 37 Henrietta Address, Northern Dispensary

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46976

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, March 24 "1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Picka

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age,        Years,        Months, one Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 184 N. Dallas St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Spasms

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 25 "1881

{ Undertaker, Adam Fuik

{ Place of Business, N. Gay St Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. P. P. Smith

[OVER.]

No. 46977

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 24<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catharine Johnson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Years, 8 Months, 11 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 8 mos 5 days

Place of Death, { Give street and number } 107 Pearce St

Cause of Death { First, (Primary,) } Acc (Accidental)  
{ Second, (Immediate,) } Compaction of Brain

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 25<sup>th</sup> 1881 J. A. Peiris M. D.  
Medical Attendant.

Undertaker, Samuel W. Chase

Place of Business, 198 S. Howard Address, 150 N. Euterby

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 46978

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 24<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Perry Chambers

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, One Years, six Months, Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 15 Claret Alley

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate.) Asthenia

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, March 25 1887

{ Undertaker, C. Heyman

{ Place of Business, 413 Madison St. Address, 170 N. Sharp St.

M. D.  
Medical Attendant,

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46979

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

Mar. 22

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sarah Morris

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

50

Years,

about

Months,

Days.

Color,

Colored

Married, ~~Single~~ ~~Widow~~

Cross out the word not required in this line.

Occupation,

Washer woman

Birthplace,

(State or Country and how long in the United States, if of foreign birth)

Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore,

3 years.

Place of Death,

(Give street and number.)

7 Morris Alley Court.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Cirrhosis

Duration of Last Sickness,

About 1 month

All the above information should be furnished by the Physician.

Place of Burial,

Levens Cemetery

Date of Burial,

March 25 1881

Undertaker,

William M. Brown

Place of Business,

No. 62 East Street

Ed. Bridge C. Rice M.D.

Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46980

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, March 24<sup>th</sup>, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Mitchell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 98 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and number. } 268 Hoffman St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Fracture of neck of ~~thigh bone~~ <sup>thigh bone</sup> Ex haustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Bonma Bury

Date of Burial, March 26<sup>th</sup> 1881

Alan P. Smith M.D.,  
Medical Attendant.

{ Undertaker, Andrew Smith

{ Place of Business, 1822 E. 11<sup>th</sup> St. Address, 45 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3  
Keepers of Cemeteries in City of Baltimore will make returns of all  
Permits for Burials, to the Office whence issued, Saturday of each week  
The Special Attention of Physicians is Respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46981

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, March 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ed L Colton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 39 Years, 9 Months, 25 Days.

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Messenger

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Penna

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give street and number. } 427 N 143

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 26<sup>th</sup> 1881

{ Undertaker, George Schilling }

{ Place of Business, Island Square }

W S Mahon M.D.,  
Medical Attendant.

Address, 138 N Enoch St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 46982

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, March 24 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robt. J. WorkSex, Male or Female, { cross out the word not required in this line. } MaleAge, 7 Years, 15 Months, 15 Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, LifePlace of Death, { Give street and number } 91 BroadwayCause of Death, { First, (Primary.) Second, (Immediate.) } Inflammation of Brain  
A Fall  
8 Days

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CountyDate of Burial, March 26 1881 C. O. Stein M. D.Undertaker, H. Hoffmann Medical Attendant.Place of Business, 63 N. E. Corner St. Address, 145 N. E. Corner St.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

G. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[57-25]

No. 46983

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Winter

Sex, Male or Female, { cross out the word not required in this line. }

Age, 32 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Printer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 26 E. Hoffman St.

Cause of Death { First, (Primary,) Consumption  
Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Stillborns Home

Date of Burial, March 28, 1881

E. B. Fenby M. D.  
Medical Attendant.

{ Undertaker, Mary Jones }

{ Place of Business, 309 Central Ave. Address, 319 N. Central Ave. }

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. G. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 46984

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Thursday 24<sup>th</sup> March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles O. Cooper.

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 22 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Steward

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } Jefferson Court No 6

Cause of Death, { First, (Primary.) } Pulmonary  
{ Second, (Immediate.) }

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 26<sup>th</sup> 1881

{ Undertaker, Theo. J. Roberts

{ Place of Business, 453 Jefferson St. Address, 81 Disquette St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, 25 March 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. Buck: JohnsonSex, Male or Female, { cross out the word not required in this line. } maleAge, 14 Years, 5 Months,      Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } SingleOccupation, School boyBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt:Duration of Residence in the City of Baltimore, LifePlace of Death, { Give street and number } 116 Park av.Cause of Death, { First, (Primary.) } Endocarditis  
{ Second, (Immediate.) } PneumoniaDuration of last Sickness, 7 weeks (about)

All the above information should be furnished by the Physician.

Place of Burial, Green Mt cemeteryDate of Burial, March 27 - 1881{ Undertaker, R. Reuwich & son } J. Donaldson M. D.  
Medical Attendant.{ Place of Business, 92 N Howard St } Address, Balt:**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46986

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

March 25th 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Harris

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

78 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Married

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

Give street and number.

203 West Baltimore

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Paralysis Right Hemiplegia

Cerebral

Duration of Last Sickness,

Three months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Baltimore Cemetery

Stevenson

M.D.,

Medical Attendant.

Undertaker,

Geo. Schilling

Place of Business,

St. Andrew Square

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46987

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 25 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Marie Henschel

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 27 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 76 Pennsylvania Avenue

Cause of Death { First, (Primary,) Phthisis Pulmonalis  
Second, (Immediate,) Asthenia

Duration of last Sickness, About 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 28 1887

{ Undertaker, Col. Henschel

{ Place of Business, 48 Pencil av. Address, Dr. M. Brewer

M. D.  
Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city; it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46988

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, March 26 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Saml. P. Ewalt  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, 11 Years, \_\_\_\_\_ Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Acute Degenerative Nephritis  
Second, (Immediate.) Asthma }

Duration of Last Sickness, Six (6) weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 27th 1881

{ Undertaker, Guy & B...

{ Place of Business, 52 N. B. way

Address, \_\_\_\_\_

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46989  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, March 24<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Foster

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 74 Years,

2 Months,

Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

No 40 St Peter St. Baltimore

Cause of Death, { First (Primary,) } Paralysis

{ Second (Immediate,) }

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, London Park St.

Date of Burial, March 26<sup>th</sup> 1881

{ Undertaker, John Shorcher,

{ Place of Business, 1200 N. Camden

Address, 205 N. Lombard St.

Pembroke M. Henshaw

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *46990*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

*March 23, 1881*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Emilie Gaunk*

Sex, *Male* or Female,

{ Cross out the word not required in this line. }

Age,

*35*

Years,

*10*

Months,

*17*

Days.

Color,

*Black*

Married, Single, *Widow* or *Widower*,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

*Ala. Co. Ind*

Duration of Residence in the City of Baltimore,

*30 years*

Place of Death,

{ Give street and number. }

*224 Hughes*

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

*Phthisis*

Duration of Last Sickness,

*2 years*

All the above information should be furnished by the Physician.

Place of Burial,

*Laurel Cemetery*

Date of Burial,

*March 26<sup>th</sup> 81*

{ Undertaker,

*J. H. Perkins*

{ Place of Business,

*130 Henrietta*

Address,

*146 Hansen*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 46991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 24<sup>th</sup> 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Smith

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, Months, Days.

Color, Dark Brown

Married, Single, Widowed, { Cross out the word not required in this line. }

Occupation, House Maid

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Black Br. Va.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number } 256 Park Avenue

Cause of Death { First, (Primary,) Asthenia  
Second, (Immediate,) }

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, Mar 26 1884

J. H. Nelson

M. D.

Medical Attendant.

{ Undertaker, James W. C. Hedding }

{ Place of Business, Woodward St. }

Address, 261 Madison Avenue

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46995

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Date of Death, March 25. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Wilkenson

*Sex, Male or Female,* { cross out the word not }  
 { required in this line. }

ge, 45 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color ed

~~Married, Single, Widow or Widower~~, { Cross out the word not  
required in this line. }

Occupation, Cook on Steamboat

Birthplace, { State or country, (and how  
long in the United States,  
if of foreign birth. } Virginia

*Duration of Residence in the City of Baltimore,*

Place of Death, { Give street and } 40 Oxford Street  
number

Cause of Death, } First, (Primary,) embolism of liver  
 } Second, (Immediate,) General Anasarca

Duration of last Sickness, 7 months.

**All the above information should be furnished by the Physician.**

Place of Burial: French Creek Horse 1-1

Date of Burial, Jan 14 .....

*B. B. Browne* M. D.  
Medical Attendant.

(Undertaker, James H. Hall)

Place of Business, *1700 Broadway*

Address, 307 Madison Avenue

*Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 46993

## Board of Health, City of Baltimore.

Permit No. 46993

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Stephen Biran

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, 2 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Child

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } S. W. Cor. Corn - Mulliken St

Cause of Death { First, (Primary.) Pneumonia -  
Second, (Immediate.) on Spasms

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew's Cemetery

Date of Burial, March 27 1881.

Undertaker, John H. Henry.

Place of Business, 86 3 Fayette St Address, 86 3 Fayette St

L. S. Doherty M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46994

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, March 25, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Cunningham

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 90 Years, 24 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Chairman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Living life

Place of Death, { Give street and number. } 418 E. Madison St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Senility

Duration of Last Sickness, 3 or 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 27<sup>th</sup> 1881

Undertaker, Myer & Newman

Place of Business, 81 N. Broadway

Geo. A. Nartunau M.D.,  
Medical Attendant.

Address, 4305 N. Caroline St.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *46995*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

*March 25 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

*Elizabeth Gross*

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

*55*

Years,

Months,

Days.

Color,

*Black*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Solvent Co. Inc.*

Duration of Residence in the City of Baltimore,

*15 Years*

Place of Death,

Give street and number.

*12 S. Prunus Ch.*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Phthisis*

Duration of Last Sickness,

*2 Years*

All the above information should be furnished by the Physician.

Place of Burial,

*St. Mary's Cemetery*

Date of Burial,

*March 27*

M.D.,

Medical Attendant.

Undertaker,

*John H. Owens*

Place of Business,

*225 Centawre*

Address,

*146 Hanover St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Atten

Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

46996

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

March 25<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henrietta Blackwell

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

Months,

one

Days

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

147 Rahong Street

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St. Cemetery

Date of Burial,

March 26<sup>th</sup> 81

{ Undertaker,

Her. Ross

{ Place of Business,

Conway St

Address,

Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

John L. V. F. Taber



The Special Attention of Physicians is directed to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 46997

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

March 24<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Louis Couragoun

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

55

Years,

Months,

Days.

Color,

White

Married, Single, Widower or Widowed,

{ Cross out the word not required in this line. }

Occupation,

Sailor

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

La.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

St Joseph's Hospital

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Capillary Bronchitis  
Exhaustion

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial,

C.P. Cemetery

Date of Burial,

March 25

{ Undertaker,

Patrick Mullin

{ Place of Business,

Address,

St Joseph's Hospital

Medical Attendant.

Chas B Goldsberg M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *46998*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *26<sup>th</sup> March, 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Hibner.*

~~Sex~~, *Male* ~~Female~~, { Cross out the word not required in this line. }

Age, *52* Years, *6* Months, *20* Days.

Color, *White*, Sex, *Male*.

~~Married~~, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Laborer.*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany, 20 years in U.S.*

Duration of Residence in the City of Baltimore, *20 years.*

Place of Death, { Give street and number. } *E. Fayette str. No. 129*

Cause of Death, { First (Primary),  
Second (Immediate.) } *Neuralgia, on the breast.  
Pneumonia.*

Duration of Last Sickness, *30 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Orinity Cemetery.*

Date of Burial, *March 28<sup>th</sup> 1881*

{ Undertaker, *J. D. Pressing* Address

{ Place of Business, *97 Orleans St.*

*Dr. Marti* M. D. Medical Attendant.  
*75 S. Bond St.*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 46999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sabina Williams  
Female

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 9 Months, Days.

Color, ~~White~~ Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number }

109 Conway St

Cause of Death { First, (Primary,) }

Scrofula.

{ Second, (Immediate,) }

Suffocating from Enlargement of Glands.

Duration of last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 27 1881

Hamerly Hill

M. D.

Medical Attendant.

{ Undertaker, Hercules Boss }

{ Place of Business, 75 Conway St }

Address, 119 W. 11th Ave

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DELANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47000

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, March 25<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Francis Lee

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 7 Months, 10 Days.

Color, Cal

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, 7 mo. 10 days

Place of Death, { Give street and number. } Bar of 294 Penna St. Wilkes Alley

Cause of Death, { First, (Primary.) Second, (Immediate.) } Infantile Syphilis  
As the cause

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Sons

Date of Burial, March 27-1887

Undertaker, Hemley & Maden

Place of Business, 116 Orchard St Address, 530 Penna St.

Dr. Herbert M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

REGISTRAR OF VITAL STATISTICS.

Permit No. 47001

The Physician who attended any person in a last illness, or the Undertaker, or other person superintending the burial, shall present this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

presentation of this Certificate, accurately filled out, within eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE GIVEN WITHOUT A PROPER CERTIFICATE.

PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 22<sup>nd</sup> 1881

Full Name of Deceased, Rev Abraham Dobson

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Male (cross out the word not required in this line.)

Age, 105 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or Widower, Married (Cross out the word not required in this line.)

Occupation, \_\_\_\_\_

Birthplace, Calvert Co Md (State or country, (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, 4 years

Place of Death, 204 Woodyear St (Give street and number)

Cause of Death, Old age (First, (Primary), Second, (Immediate), 8 or 10 days)

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Camp Chapel

Date of Burial, Mar 27 1881

Undertaker, J. W. Chase

Place of Business, 158 S. Howard St

M. K. Warner M. D.  
Medical Attendant.

Address, Streets & Towns

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to send, within eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, in legible characters, the full name, sex, age and condition (whether married or single) of the person so deceased, except in cases of births and deaths of children.

Permit No. 4702

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, March 26th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Dalma Racher

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 18 Years, 4 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give street and number. } 152 Stirling St.

Cause of Death, { First, (Primary.) Miscarriage, 3rd month, 1st trimester. Second, (Immediate.) Peritonitis (uncontrollable vomiting, etc.)

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 28 March

Undertaker, Adam Link

Place of Business, 461 N. Gay St. Address, Baltimore

Medical Attendant, J. H. [Signature] M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, *March 26 1881*  
 Full Name of Deceased, *Florence Koch*  
 Sex, *Female*  
 Age, *89* Years, *—* Months, *—* Days.

Color, *white*  
 Married, Single, Widow or Widower, *—*

Occupation, *—*

Birthplace, *Germany*

Duration of Residence in the City of Baltimore, *9 years*

Place of Death, *204 Orleans St.*

Cause of Death, *Old age*

Duration of Last Sickness, *6 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*

Date of Burial, *March 27 1881*

Undertaker, *Ambrose Koehler*

Place of Business, *24 E. Lomb St.*

Address, *Registrar*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*J. B. Smith* Sanitary Inspector

Permit No. 47004

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, March 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaiah Scott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 13 Months, Days.

Color, Black-

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore ✓

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 158 N Belket St

Cause of Death, { First, (Primary.) Pneumonia Second, (Immediate.) }

Duration of Last Sickness, Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 27<sup>th</sup> 1881

Undertaker, Geo. J. Scott

Place of Business, 23 N. Howard

Address, Broadway

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

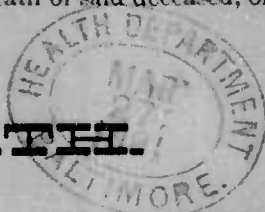
[OVER.]

Permit No. 277078

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



1147003

CERTIFICATE OF DEATH.

Date of Death, March 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Keath

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 32 Years,      Months,      Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation,     

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 30 Short St

Cause of Death, { First, (Primary.) Second, (Immediate.) } disipation  
consumption

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, March 27<sup>th</sup> 1881 Amos Allen M.D.,

{ Undertaker, The C. I. Lock } Commis of Health

{ Place of Business, 73 Jefferson St } Address, Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. P. Smith

[OVER.]



Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

447006

CERTIFICATE OF DEATH.

Date of Death, *March 26<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Halter Jones*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *3* Years, *one* Months,  Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *—*

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *life*

Place of Death, { Give street and number. } *\* 38 Zornet St*

Cause of Death, { First, (Primary.) *Acute Meningitis*  
Second, (Immediate.) *Exhaustion* }

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *March 27<sup>th</sup> 1881* *Sam J. Belt* M.D.,  
Medical Attendant.

{ Undertaker, *Geo H. Perkins & Co*

{ Place of Business, *130 Hanover St* Address, *134 N Euter St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 25<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christina Fowler

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 Years, 1 Months, 11 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 5 Sildom St.

Cause of Death { First, (Primary.) Second, (Immediate,) Scrofula

Duration of last Sickness, About 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, March 26<sup>th</sup> 1881

Undertaker, Geo H. Perkins & Co

Place of Business, 130 Henrietta St. Address, Eastern Dispensary

Julius Hall M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & SONS, PRINTERS AND STATIONERS.

[OVER]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#47008

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.



Date of Death, McL. 25. - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary. Murray

Sex, Male or Female, { Cross out the word not required in this line. }

Age,        Years, 1 Months, 14 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }       

Occupation,       

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } # 55 Williamon. Alley.

Cause of Death, { First, (Primary.) Mal Nutrition  
Second, (Immediate.) Marasmus }

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, McL 27 1881 Thomas A. Murray M.D.,

{ Undertaker, Geo W. Perkins } Commissioner of Health

{ Place of Business,        } Address, Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Ex 4 John E. Treading



Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#47009

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, *March 26 1887*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Mary Smith*

Sex, Male or Female, Cross out the word not required in this line. *Female*

Age, *White* Years, *14* Months, *14* Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, *B. City*

Birthplace, State or Country and how long in the United States, if of foreign birth. *B. City*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, Give street and number. *159ough St*

Cause of Death, First, (Primary.) *Atrophia Pulmonum*  
Second, (Immediate.) *Asphyxia*

Duration of Last Sickness, *Since birth*

All the above information should be furnished by the Physician.

Place of Burial, *New Mt. Methodist Cemetery*

Date of Burial, *27 March 1887*

Undertaker, *John C. Schuch*

Place of Business, *103 N. 1st St* Address, *Medical Attendant.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wesley Henry

Sex, Male or Female, { cross out the word not required in this line. }

Age, 15 Years, 3 Months, 2 Days.

Color, red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Cambridge Md

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and number } East 21 74

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scrophulous meningitis

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 27<sup>th</sup> March 1881

E. B. Baldwin M. D.  
Medical Attendant.

Undertaker, Wm. V. Dungee

Place of Business, 1162 East St

Address, 124 N. E. St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, March 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Thomas

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 18 Years, 6 Months, \_\_\_\_\_ Days.

Color, red

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } Rear of 101 Chesnut

Cause of Death, { First, (Primary,) Second, (Immediate,) } Consumption

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 27<sup>th</sup> 1881 E. C. Baldwin M. D.  
Medical Attendant.

{ Undertaker, Wm. N. Dwyer

{ Place of Business, 462 East St Address, 124 1/2 E. St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



Permit No. 47012

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

#47012

CERTIFICATE OF DEATH.

Date of Death,

Mar. 25<sup>th</sup>, 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Ann Green

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

38

Years,

Months,

Days.

Color,

Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life.

Place of Death,

{ Give street and number. }

35 Rose St.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Chronic Irritable Ulcer  
Transition

Duration of Last Sickness,

3 years -

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

Mar 27 1881

Eldridge C. Price M.D.,  
Medical Attendant.

{ Undertaker,

John E. Jordan

{ Place of Business,

1853 Packer

Address,

262 Madison Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

# 47013

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 27, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane L. Boyle

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 2 Years, 11 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Lucie Bristle

Place of Death, { Give street and number. } 112 Balto Ave

Cause of Death, { First, (Primary.) } Bronchitis (Chronic)  
{ Second, (Immediate.) } Bronchitis Congestion of the Lung

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 28

{ Undertaker, Amos & Son

{ Place of Business, Light St Address, 146. Hanover St

Theodore Cook M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, 26th March, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theodor Sickel

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 23 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, Labaurer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, { Give street and number } Everett St 50

Cause of Death, { First, (Primary.) Tuberculosis Pulmonum  
Second, (Immediate,) Hæmorrhagia pulmonalis

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 28th 1881 William Henkel M. D.  
Medical Attendant.

{ Undertaker, M. Franke

{ Place of Business, 280 Canton St Address, L. Wallerich 117

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March - 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Coughlin

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 8 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No - 45. Corner of Leach Point

Cause of Death { First, (Primary.) Feeding  
Second, (Immediate,) Convolutions -

Duration of last Sickness, Three weeks -

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, March 27<sup>th</sup> 1881

A. S. Pollock M. D.  
Medical Attendant.

{ Undertaker, M. A. Daiger

{ Place of Business, 74 S. Broadway Address, 235. Gough-st.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

#47016

## CERTIFICATE OF DEATH.

Date of Death, *March 24<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Frank Shelt*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *3* Years, *10* Months, *10* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *10 Harris Alley*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Convulsions*

Duration of Last Sickness, *1 day*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel*

Date of Burial, *March 27*

*James F. McShane* M.D.,  
Medical Attendant.

*91 E. 1<sup>st</sup> St.*  
Undertaker, *104 S. Bond*

Place of Business, *104 S. Bond* Address, *104 S. Bond*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate. #47017

## CERTIFICATE OF DEATH.

Date of Death, *March 26<sup>th</sup> 1887*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Phillip Krug*

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, *50* Years, *—* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the word not required in this line. *Single*

Occupation, *Laborer*

Birthplace, State or Country and how long in the United States, if of foreign birth. *Germany*

Duration of Residence in the City of Baltimore, *20 years*

Place of Death, Give street and number. *82 Cambridge*

Cause of Death, First, (Primary.) *Paralysis*  
Second, (Immediate.)

Duration of Last Sickness, *6 Months*

All the above information should be furnished by the Physician.

Place of Burial, *S. Alphonsus*

Date of Burial, *Mar 28/87*

Undertaker, *M. France*

Place of Business, *Commissioner of Health & Registrar*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*Examined by Geo. E. Brown* [OVER.]



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *March 25<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Willie Halling*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *12* Years, *12* Months,  Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *XXX*

Occupation, *XXX*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *166 S. Register Street*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Nothing Eclampsia*

Duration of Last Sickness, *One Week*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *March 27<sup>th</sup>*

*James E. Dwyer* M.D.,  
Medical Attendant.

*Undertaker, Wm. Dwyer*

*Place of Business, Bond St. 151*

Address, *299 E. Baltimore St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#47019

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, *March 28*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sallie Jackson*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *16* Years, *5* Months, *5* Days.

Color, *white*

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *maid*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *10 yrs*

Place of Death, { Give street and number. } *345 Light Street*

Cause of Death, { First, (Primary.) *Scrophula & Rheumatism* Second, (Immediate.) *Gastritis* }

Duration of Last Sickness, *12 days*

All the above information should be furnished by the Physician.

Place of Burial, *North East Church*

Date of Burial, *March 28th 1888*

Undertaker, *Armstrong & Denny* Medical Attendant, *Chas. E. [Signature]* M.D.,

Place of Business, *268 Light* Address, *313 Light*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

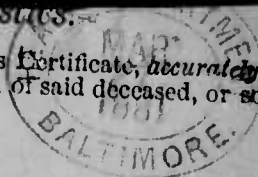
SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#47020

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

Mar 25 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Foley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3

Years,

6

Months,

Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

B.C.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

106 West St.

Cause of Death, { First, (Primary.) }

Rubella

Second, (Immediate.)

Conjestion of lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 27<sup>th</sup>

Undertaker, B. Haile

Place of Business, 82 West street

R. H. Ellis

M.D.,

Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

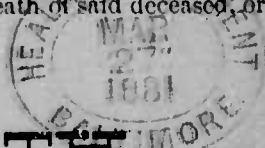
SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



#49021

## CERTIFICATE OF DEATH.

Date of Death, March 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Olive Woodward Rawlings

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, two Years, seven Months, six Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 251 Linden Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlatina fol. by Mortificaria Pneumonia, diarrhea & Pneumonia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, March 28<sup>th</sup> 1881

{ Undertaker, Henry Mitchell }

{ Place of Business, 350 N. Fayette St } Address, 262 Madison Ave

Assisted by Dr. C. Brewer Elias C. Price M.D., Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 26<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Susanna DeLonghery*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *In her 75<sup>th</sup>* Years, Months, Days.

Color, *White* Sex,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *all her life*

Place of Death, { Give street and number. } *No 194 N Calvert St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dyspepsia General exhaustion of the System*

Duration of Last Sickness, All the above information should be furnished by the Physician.

Place of Burial, *Bonnie Brae* *Echo DeLonghery* M. D. Medical Attendant.

Date of Burial, *29<sup>th</sup> March 1881*

Undertaker, *H. W. Jenkins & Son* Address *194 N Calvert St*

Place of Business, *75 N. Charles*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

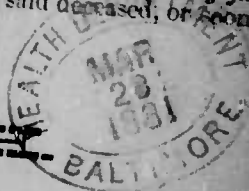
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[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

March 26 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary R. Kenney

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. }

68 Myrtle St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Convulsions

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 31 1881

Undertaker, F. Pohe

Leverson Cook

M.D.,

Medical Attendant.

Place of Business, 425 Cross Street Address, 14 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 26, '81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George S. Loas

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 4 Years, 4 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 896 W. Pratt St Baltimore.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 896 W. Pratt St. Bal. Md.

Cause of Death, { First, (Primary) Malaria  
Second, (Immediate,) Intermittent fever

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, March 29<sup>th</sup> 1881

Undertaker, Peter Stearns

Place of Business, Mulberry St Address, 93 Fredk. Ave Baltimore

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DILLON & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

# 47025

Date of Death, *March 27, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Charles F. Tullman*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *33* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *Merchant*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Washington D.C.*

Duration of Residence in the City of Baltimore, *3 years*

Place of Death, { Give street and number. } *297 W. Baltimore St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Autopsy made on abdomen at base of brain*

Duration of Last Sickness, *About 8 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St Paul Cemetery*

Date of Burial, *March 28<sup>th</sup> 1881*

Undertaker, *G. Schallthis,*

Place of Business, *152 1/2 Mulberry St,*

Address, *582 W. Eglar St*

*J. W. McConner* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

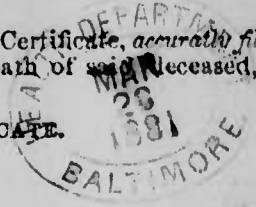
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 27th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel L. Savage

Sex, Male or Female, { cross out the word not required in this line. }

Age, Eighty-Two Years, Months, Days.

Color, white

Married, Single, Widowed, Widower, { Cross out the word not required in this line. }

Occupation, Janney

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Somerset Co.

Duration of Residence in the City of Baltimore, 71 Years

Place of Death, { Give street and number } 644 N. Baltimore St.

Cause of Death, { First, (Primary.) Old age }  
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, March 28th 1881

Undertaker, Matthew Caddagane

Place of Business, 227 Mulberry St. Address, 57 Broadway

E. B. Britton M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 27th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mr. H. Taylor

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 Years, — Months, — Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 524 Hammond Lane

Cause of Death, { First, (Primary,) Scarlet fever  
Second, (Immediate,) — }

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Shap at

Date of Burial, March 28 - 1887

Undertaker, Reemley & Madden

Place of Business, 116 Calver St

H. F. Hill M. D.  
Medical Attendant.

Address, 361 Franklin St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OT 4R.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 27 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosiea Klehm

Sex, Male or Female, { cross out the word not required in this line. }

Age, 3 Years, 6 Months, — Days.

Color, White

Married, Single, Widw or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } Carroll St near Enoch

Cause of Death, { First, (Primary,) Second, (Immediate,) } Albuminuria

Duration of last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Church

Date of Burial, 27 March 1881

Under signer, E. J. Williams M. D. Medical Attendant.

Place of Business, 17 Potomac St Address.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

# 47029

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Hunting Creek, Accomack County, Va.

Date of Burial,

March 29<sup>th</sup>

M.D.,

Undertaker,

George Schilling

Place of Business,

Chesland Square

Address,

244 N. Broadway

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transcribed 2/21



OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Stall

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Seventy Nine Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Seventy Nine Years.

Place of Death, { Give street and number } 32 St. Peter's St.

Cause of Death { First, (Primary,) Mitral Regurgitation & Chron Bronchitis  
Second, (Immediate,) Hemiplegia

Duration of last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 28th

Undertaker, George Schilling

Place of Business, Ashland Square

C. H. Mitchell

M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



47031

## CERTIFICATE OF DEATH.

Date of Death,

March 27. 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

James Llewellyn,

Sex, Male or Female,

Cross out the word not required in this line.

Age,

68 Years,

Months,

Days.

Color,

white,

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Ship-joiner

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Portsmouth Va.

Duration of Residence in the City of Baltimore,

Fifty-five yrs.

Place of Death,

Give street and number.

408 E. Lombard St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia Fever  
Cardiac Mischief  
One hour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

M. E. Cemetery  
Philadelphia Road

Date of Burial,

March 29th

Undertaker,

Trust Company

Place of Business,

203 Light St.

Address,

Balt. & Wash. Sts.

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47032

## CERTIFICATE OF DEATH.



Date of Death, March 27, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas E Adams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States; if of foreign birth. }

Balto Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

357 McHenry st

Cause of Death, { (Primary.) (Secondary, (Immediate.) }

Not fully developed  
Lifelong

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Leaden park

Date of Burial, Apr 28

James Barclay M.D.,  
Medical Attendant.

{ Undertaker, Or Chas W. Adams

{ Place of Business, 357 McHenry St Address, 319 Hollins st

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



# ~~47022~~ ~~47023~~

47023

# CERTIFICATE OF DEATH

Date of Death, *March 27<sup>th</sup>*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Georgia H. Partridge*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *24* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Balto.*

Duration of Residence in the City of Baltimore, *Life.*

Place of Death, { Give street and number. }

*20 N. Pacost. Balto.*

Cause of Death, { First, (Primary.) Second, (Immediate.) }

*Phthisis Pulmonalis.*

Duration of Last Sickness, *3 Mon.*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet*

Date of Burial, *March 29<sup>th</sup> 1881*

*Jos. G. McBlaine, M.D.,*  
Medical Attendant.

Undertaker, *S. H. Leonard & Son*

Place of Business, *712 W. Baltimore*

Address, *Fryette & Pacost.*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



47034

## CERTIFICATE OF DEATH

Date of Death, March 27th 1881  
Full Name of Deceased, Joseph Lebur  
Sex, Male or Female, Male  
Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 17 Days.  
Color, White

Married, Single, Widow or Widower, Single

Occupation, \_\_\_\_\_

Birthplace, Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, 276 McKim St

Cause of Death, Unknown  
Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Mar 28th

Undertaker, 3 M Leonard & Son

Place of Business, 782 Baltimore St

W. H. Rogers M.D.,  
Medical Attendant.

Address, W. H. Rogers & Co. Baltimore

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47035

## CERTIFICATE OF DEATH



Date of Death,

March 26<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Andrew C. Jackson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

59

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Farmer

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore County

Duration of Residence in the City of Baltimore,

Two months

Place of Death,

{ Give street and number. }

335 E. Madison St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Typhoid Fever

Duration of Last Sickness,

Six Days

All the above information should be furnished by the Physician.

Place of Burial,

Petersons Place Beller av

Date of Burial,

March 28

{ Undertaker,

M. G. Ballard

{ Place of Business,

1 Mile Hill road

Address,

137 Belm R

M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



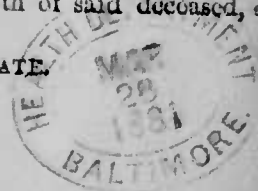
Permit No. 47036

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 27 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M Riley  
Sex, Male or Female, { cross out the word not required in this line. } Female  
Age, 27 Years, — Months, — Days.  
Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 189 Hollins St

Cause of Death, { First, (Primary.) Tubercular Pneumonia  
Second, (Immediate,) —

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 29 1881

Undertaker, Mrs B. Park Medical Attendant, Chas. D. Jackson M. D.

Place of Business, 12707 N. Baltimore Street Address, 1243 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47037

## CERTIFICATE OF DEATH



Date of Death, March 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes Collins

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, 21 Months, 21 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 76 St. Anny

Cause of Death, { First, (Primary.) Second, (Immediate.) } Hydrocephalus

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 27

Under-taker, J. B. Cook

Place of Business, 707 West Baltimore Address, 581 Lexington

Thomas Opie M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47038

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles A. ~~Robert~~ Pickert

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, 42 Years, 8 Months, 16 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Notarionist

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balti city

Duration of Residence in the City of Baltimore,                     

Place of Death, { Give street and number } 69 S. Eustawp

Cause of Death, { First, (Primary.) Second, (Immediate,) } hepatitis chronic  
consumption

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Met Oliver's Lane

Date of Burial, March 29<sup>th</sup> 1881

H. Albers M. D.  
Medical Attendant.

Undertaker, Wm G. Tickner

Place of Business, 65 S. Eustawp Address, 95 S. Sharp

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS

[OVER.]



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

47039

Date of Death, 25<sup>th</sup> March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. S. Brown

Sex, Male or Female { Cross out the word not required in this line. } Male

Age, 44 Years, 9 Months, 25 Days.

Color, White

Married, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Teacher

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 5 Trigg St. N.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis  
Pneumonia

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician

Place of Burial, Green Mount Cemetery

Date of Burial, March 29<sup>th</sup> 1881

Undertaker, Thos. S. Hughes

Place of Business, 111 E. Baltimore St.

Address, 5 N. Calver St. Read

John B. Brown M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the law, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

# CERTIFICATE OF DEATH.



Date of Death, March 26 - 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dora V. R. Smith

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 Year, 1 Month,    Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }   

Occupation,   

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Co

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, { Give street and number } 9 Vincent al

Cause of Death { First, (Primary,) Second, (Immediate,) } Whooping cough  
Pneumonia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shays Cemetery

Date of Burial, March 29 - 1881

Undertaker, Samuel W. Chase John J. King M. D. Medical Attendant.

Place of Business, 18 S. Howard St Address, 215 Canal St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 47041

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eleonora Johnson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, One Years, One Months, Seventeen Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore city Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and number } 19. Stockholm Street

Cause of Death, { First, (Primary), Pneumonia from exposure  
Second, (Immediate), Typhoid fever ✓

Duration of last Sickness, Forty-two days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cemetery

Date of Burial, March 28<sup>th</sup> 1881

Undertaker, Samuel H. Hays Medical Attendant, L. D. Ayer

Place of Business, 198 S. Howard St. Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 47042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 26, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augustus Moseley

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 33 Years, 6 Months,      Days.

Colored,     

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,     

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Norfolk Va

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number } 9 Lexington St

Cause of Death, { First, (Primary.) } Erysipelas  
{ Second, (Immediate.) } General debility

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 28th 1881

Undertaker, James W. Chase

Place of Business, 98 S. Howard St

B. B. Browne M. D.  
Medical Attendant.

Address, 307 Madison Av.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 47043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 26 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ageline Ann Crafton

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 35 Years, 8 Months, 8 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } King & Queen Co Va

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number } 46 W. Charles St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption  
Child Birth

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, March 28 '1881 6 of May M. D.

Undertaker, A. B. N. Bandell Medical Attendant.

Place of Business, Tork Road Address, 19 S Broadway

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WEL. J. C. DUFFLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 4704/4

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately and truthfully, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 27 1891

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Cyler Brafton

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States if of foreign birth. } 466 E. Chase St.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 466 Chase St.

Cause of Death, { First, (Primary,) Premature Birth }  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Walter Buntin

Date of Burial, March 28/91

Undertaker, Wm. B. Bantel V. D. Medical Attendant.

Place of Business, York Road Address, 19 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[074B.]



Permit No. 47045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47045

## CERTIFICATE OF DEATH.

Date of Death,

31<sup>st</sup> 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Garrett

Sex, Male or Female, { cross out the word not required in this line. }

female

Age, 84 Years,

Months, 22 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Widow

Occupation,

None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore Maryland

Duration of Residence in the City of Baltimore,

during life

Place of Death, { Give street and number }

236 N. Calvert St.

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Chronic Bronchitis

Duration of last Sickness,

for 10 years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 29<sup>th</sup> March 1881

W. Riley M. D.  
Medical Attendant.

Undertaker, H. W. Jenkins & Co.

Place of Business, 75 N. Charles Address, 306 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 47046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.



Date of Death, March 28/81  
Full Name of Deceased, Anna M. Hughes  
Sex, ~~Male~~ Female, 67 Years, White Months, 0 Days.  
Age, 67 Years, White Color, White

~~Married~~ Single, ~~Widow~~ Widow (Cross out the word not required in this line.)

Occupation, Docto. City -

Birthplace, all her life (State or country, (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, No. 44 Mulberry St

Place of Death, Scirrhous (Give street and number)

Cause of Death, Disease of the heart (First, (Primary,) Second, (Immediate,))

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 30th March 1881.

Undertaker, Hy M Dentius Sen Thomas Shearer M. D. Medical Attendant.

Place of Business, 27 N Charles St Address, 97 N Charles St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 47047

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lydia Ann Knight

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 45 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, &c.

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laundress

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } Hull Lane No 14

Cause of Death, { First, (Primary.) Second, (Immediate.) } Apoplexy

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Lanier Cemetery

Date of Burial, March 27 C. C. Baldwin M. D.  
Medical Attendant.

Undertaker, Harley A. Whit

Place of Business, 35 Granby St Address, 124 E. Euter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS

[OVER.]



# Board of Health, City of Baltimore

Permit No. 47048

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph H. Simon

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 39 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Labourer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. County

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, { Give street and number } 123 Central Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, L. A. Cemetery

Date of Burial, March 27

Undertaker, Charles White

Address of Business, 93 Granby St Address, 319 N. Central Ave

E. B. Leiby M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

[074K.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

March 27, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary A. Smith

Sex, Male or Female,

Cross out the word not required in this line.

Age,

64

Years,

Months,

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~.

Cross out the word not required in this line.

Occupation,

Birthplace,

(State or Country and how long in the United States, if of foreign birth.)

Germany

Duration of Residence in the City of Baltimore,

25 years

Place of Death,

(Give street and number.)

215 Willing St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Cancer of the breast Scirrhus

Duration of Last Sickness,

3 years

2 years. Scirrhus cut out

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

March 29

Rodney Corbin

M.D.,

Medical Attendant.

Undertaker,

B. J. Smith

Place of Business,

82 West St.

Address,

146 N. Avenue St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47050

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 27 March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah E. Johnson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 4 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Corner Beason & Cook St L. Point,

Cause of Death { First, (Primary,) Unknown  
Second, (Immediate,) Severe chill & spasms. (I think) few hours.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, March 28 1881

M. D.

Medical Attendant.

Undertaker, J. & P. Co.

Place of Business, 12 W. Broadway Address, Boston & Palmetto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(See other side)



out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of  
sooner, if requested so to do, under penalty of law.

97051  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, *March 27, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Capt. Dan. W. Wells.*

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } *Male*

Age, *58* Years, *9* Months, *5* Days.

Color, *White*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } *Married.*

Occupation, *Mariner.*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore.*

Duration of Residence in the City of Baltimore, *Life.*

Place of Death, { Give street and number. } *16 Eastern Ave.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Phthisis*  
*Congestion of Lungs.*

Duration of Last Sickness, *Under treatment 3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Bath Cemetery*

Date of Burial, *March 29 1881*

{ Undertaker, *James P. Byrne*

{ Place of Business, *No 63 John Street*

Address *227 Carrollton Ave.*

*J. F. Powell, M. D.*  
Physician Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47052

## CERTIFICATE OF DEATH.

Date of Death,

March. 28 / 81

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John. Kelly.

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

18

Years,

9

Months,

26

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

None.

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Balt.

Duration of Residence in the City of Baltimore,

189 Chesnut St.

Place of Death,

{ Give street and number. }

Lifetown

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Heart Dis. Hypertrophy with initial insufficiency.  
Bright Dis with General Dropsy.  
8 punctis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Bonnie Brook Cemetery

Date of Burial,

March 29 1881

Edward J. Devitt M.D.,  
Medical Attendant.

{ Undertaker,

James D. Byrne

{ Place of Business,

No 62 N. Brent St

Address, 169 N. Calverhill

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



47052

## CERTIFICATE OF DEATH.

Date of Death, March 24. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Ruku

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 20 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Fifteen

Place of Death, { Give street and number. } 282 Hallow St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Natural  
Gastritis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Mar 29<sup>th</sup> 1881

Undertaker, C. F. Krause

Place of Business, \_\_\_\_\_

G. K. Welch

M.D.,

Medical Attendant.

Address, 58 Hallow St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

47054

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, 27<sup>th</sup> March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Mc Mahan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 86 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, { Give street and number. } 67 York St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Senility

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cem

Date of Burial, Mar 29<sup>th</sup> /81

J. W. Webster M.D.,  
Medical Attendant.

{ Undertaker, C. F. Krause

{ Place of Business, \_\_\_\_\_ Address, 57 Barren

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. 47055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47055

## CERTIFICATE OF DEATH.

Date of Death,

March 27

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Oliver Jones

Sex, Male or Female,

{ Cross out the words not required in this line. }

Male

Age,

27

Years,

Months,

Days

Color,

Colored

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Widowed

Occupation,

Professional Nurse

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

All his life

Place of Death,

{ Give street and number. }

35 Orchard St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Phthisis

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

March 30<sup>th</sup> 1881

Undertaker,

Wm F Gray

Place of Business,

65 Mulberry St

W. F. A. Kemp

M. D.

Medical Attendant.

Address,

55 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47056

## CERTIFICATE OF DEATH.



Date of Death, *March 27, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elizabeth A. Everett*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *78* Years,

Months,

Days.

Color, *White*

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

*Long Green, Balto. Co.*

Duration of Residence in the City of Baltimore, *8 yrs.*

Place of Death, { Give street and number. }

*29 W. Biddle St.*

Cause of Death, { First (Primary), Second (Immediate), }

*Cancer of Uterus*

Duration of Last Sickness,

*About 8 months*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *March 29, 1881*

*J. E. Atkinson*

M. D.

Medical Attendant.

Undertaker, *H. W. Jenkins & Son*

Address *223 Madison Ave.*

Place of Business, *75 N. Charles St.*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47057

## CERTIFICATE OF DEATH



Date of Death,

March 28<sup>th</sup> - 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John F. Drechsler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 11 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

Ph. Lane near Harford Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Membranous ~~Atte~~ Croup

Duration of Last Sickness,

Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Jos. Brooke Boyle M.D.,

Date of Burial, March 30<sup>th</sup> / 81

Medical Attendant.

{ Undertaker, Geo Schilling

{ Place of Business, Ashland Square Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47058

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mar 28<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frederick Petzel

Sex, Male or Female,

{ cross out the word not required in this line. }

Age,

Years,

2 Months,

2 Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or country, (and how long in the United States, if of foreign birth. }

Balto city

Duration of Residence in the City of Baltimore,

life

Place of Death,

{ Give street and number }

108 Penn Ave

Cause of Death

{ First, (Primary.)

{ Second, (Immediate.)

Tuberculosis

Duration of last Sickness,

about 2 months

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

March 29<sup>th</sup> 1881

{ Undertaker,

Peter B. Bennett

{ Place of Business,

217 Mulberry

Address,

76 St Paul St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 47059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47059

## CERTIFICATE OF DEATH.



Date of Death,...

March 27th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sophia Blumlein

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

71

Years,

Months,

Days.

Color,

White

Sex,

Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

Hebrew Hospital

Cause of Death, { First (Primary), Second (Immediate), }

Paralysis left hemiplegia  
Exhaustion

Duration of Last Sickness,

Four (4) months

All the above information should be furnished by the Physician.

Place of Burial,

Lloyd A Hebrew Cemetery for Slaves M. D.

Date of Burial, March 30th 1881

Medical Attendant.

{ Undertaker,

Wm. Elaw

{ Place of Business,

101 Gough St

Physician M. D. J. C. Eager  
M. D. J. C. Eager

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]



Permit No. 47060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 3<sup>rd</sup> 28 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Warden

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 70 Years, 5 Months,        Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 51 years

Place of Death, { Give street and number } 197 Maryland Avenue

Cause of Death { First, (Primary.) Congestion Brain  
{ Second, (Immediate.) 3 weeks

Duration of last Sickness,       

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 30 - 1881 Wm Riley M. D.  
Medical Attendant.

{ Undertaker, H W Jenkins & Son

{ Place of Business, 75 N. Chas St Address, 306 Madison Avenue

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 47061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death,

March 25 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

George S. Dwyer

Sex, Male or Female, { cross out the word not required in this line. }

Age, 821 Years, Months, Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

England

Duration of Residence in the City of Baltimore,

21 years

Place of Death, { Give street and number }

158 So. Franklin

Cause of Death { First, (Primary.)

Heart Disease

Second, (Immediate.)

3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

March 31

W. H. Putnam

M. D.

Medical Attendant.

{ Undertaker,

Stewart W. Farver

{ Place of Business,

30 Park Ave

Address,

23 Franklin

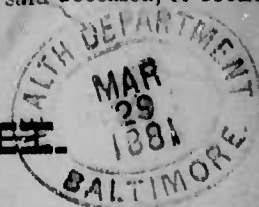
### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

47062

Date of Death, March 26/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas Lambert

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, — Days.

Color, Bright

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Thuringittis ✓

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 29 1881

Patrick Mullin Undertaker

— Place of Business

J. J. Ward M.D., Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47062

## CERTIFICATE OF DEATH.



Date of Death,

March 28, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Eliza Williams

Sex, Male or Female,

Cross out the word not required in this line.

Age,

75

Years,

Months,

Days.

Color,

White.

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Maryland

Duration of Residence in the City of Baltimore,

40 years.

Place of Death,

Give street and number.

119 E. Balt<sup>o</sup> St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Senility

Duration of Last Sickness,

2 months,

All the above information should be furnished by the Physician.

Place of Burial,

St Paul Cemetery

Date of Burial,

March 31, 1881

J W Honek M.D.,

Medical Attendant.

Undertaker,

Thos. J. Haynes

Place of Business,

73 E. Balt<sup>o</sup> St.

Address, 73 E. Balt<sup>o</sup> St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47064

## CERTIFICATE OF DEATH.

Date of Death,

28<sup>th</sup> March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Marion A Butler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

14 Months,

Days.

Color,

Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Ball

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

254 Howard

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Pneumonia

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial, St. Catherine's, Germ

Date of Burial, March 30 1881

H. W. Webster M.D.,  
Medical Attendant.

{ Undertaker, Daniel F. Chase

{ Place of Business, 298 S. Howard St Address, 57 Burnin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. 47065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Mar: 28th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah J. Cain

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 88 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

London England

Duration of Residence in the City of Baltimore,

about 12 years

Place of Death, { Give street and number }

No. 54 Apple Ave

Cause of Death { First, (Primary) Second, (Immediate), }

Old age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hickey's Harford County

Date of Burial, March 30<sup>th</sup> 1881

H. J. Demme M. D.  
Medical Attendant.

Undertaker, James O. Byrne

Place of Business, No 63 N. Front St

Address, 2 Cathedral Ct.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]



Permit No. 47066

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47066

## CERTIFICATE OF DEATH.



Date of Death,

March 29 - 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Annie A. Holmes

Sex, Male or Female, { cross out the word not required in this line. }

female

Age,

35 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Virginia

Duration of Residence in the City of Baltimore,

don't know

Place of Death, { Give street and number }

33. Covington St.

Cause of Death

{ First, (Primary.)

{ Second, (Immediate.)

Pyemia

Duration of last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

March 30

M. D.

Medical Attendant.

{ Undertaker,

B. Hark

{ Place of Business,

82 West St.

Address,

27 N. Broadway

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *March 29*

Full Name of Deceased, *Mary E. Foley*  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, *Female*  
Cross out the word not required in this line.

Age, *10* Years, *0* Months, *0* Days.

Color, *White*

Married, Single, ~~Widow or Widower~~, *Single*  
Cross out the word not required in this line.

Occupation, *None*

Birthplace, *MD*  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *10 yrs*

Place of Death, *106 West 21*  
Give street and number.

Cause of Death, *Rubella*  
*circulation*  
*5 days*  
First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *March 30* *1881* M.D.,

Undertaker, *B. Hall*

Place of Business, *82 West 1* Address, *313 E. 1*  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said  
if requested so to do, under penalty of law.

77068

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

March 29<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alma Tallor

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 10 Years, Months, 23 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

No 42 W. Eager St

Cause of Death, { First, (Primary.) }

Scarlet Fever

{ Second, (Immediate.) }

Nephritis

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 30<sup>th</sup> 1881

{ Undertaker, Joseph F. Byrne

{ Place of Business, 39<sup>th</sup> Liberty

Wm. Whitridge M.D.,  
Medical Attendant.

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]



Any person who attends any person in a last illness is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, March 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Brackess

Sex, Male or Female, { Cross out the word not required in this line. }

Age, two Years, three Months, Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Cambridge Md

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give street and number. }

71 Harmony La

Cause of Death, { First, (Primary.)

Diphtheria

Second, (Immediate.)

Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 30<sup>th</sup> of March

T. P. McCormick M.D.,  
Medical Attendant.

{ Undertaker, F. J. Namath

{ Place of Business, 83 N. Poppleton St Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

March 29 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs Louis Fremin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Teacher

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Paris France

Duration of Residence in the City of Baltimore,

10 years

Place of Death, { Give street and number. }

114 Mulberry St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Trichin

Heart Disease

Duration of Last Sickness,

Heart dead in bed

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

30 March

Alexander Tinsley

M.D.,

{ Undertaker,

Conrad Tinsley

{ Place of Business,

60 Park St

Address,

Coroner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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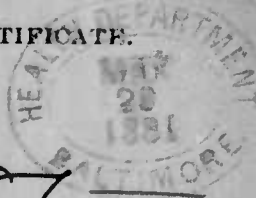
[OVER.]

Permit No. 47071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 29 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma Lima

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 3 Years, 6 Months,    Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation,   

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, as above

Place of Death, { Give street and number. } 184 N. Dallas St

Cause of Death, { First (Primary,) Bronchitis  
Second (Immediate,) Convulsion }

Duration of Last Sickness, about 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery of J. J. Groves

Date of Burial, March 30<sup>th</sup> M. D.

{ Undertaker, Adam Tink  
Place of Business, 461 N. Gay St. }

Address 28 S. Euter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER]



Permit No. 47072

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~and~~ out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 29, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Mary Kriete

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, Sixty Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 237 Henrietta St.

Cause of Death { First, (Primary,) Pleuro-Pneumonia  
Second, (Immediate,) Asphyxia

Duration of last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 1

Undertaker, L. Brice

Place of Business, Henrietta St. 81

Wm. Gombel M. D.  
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

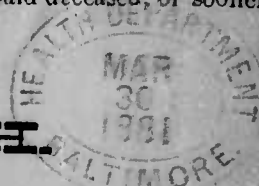
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WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

but, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

41073

Date of Death, 28<sup>th</sup> March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nicholas Schenck

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 28 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W.

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 31 Leysl

Cause of Death, { First, (Primary.) Second, (Immediate.) } Apoplexy

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 30 1881 At 11, 11 o'clock M.D.,

{ Undertaker, C. F. Krause Medical Attendant. }

{ Place of Business, 209 Hanover Address, 57 Bannock }

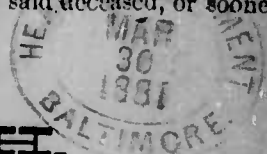
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[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



AMOMX

## CERTIFICATE OF DEATH

Date of Death, March 24th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Pierce

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 27 (1) Years, 10 (2) Months, 19 (9) Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 504 71 Gay Street

Cause of Death, { First, (Primary.) Pneumonia & Meningitis  
Second, (Immediate.) Eclampsia }

Duration of Last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, March 31 1881

{ Undertaker, Henry Block } M.D.,  
{ Place of Business, 309 Calver Ave. } Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 47075

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Tuesday March 29th.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Stettin

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 63 Years, 8 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Stone Cutter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Co.

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number } 43 Front Place

Cause of Death { First, (Primary.) Paralysis of Brain & Second, (Immediate,) Cerebral & Exhaustion

Duration of last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 31st

Undertaker, Geo Schilling

Place of Business, Ashland Square Address, Wilmer Hunter M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

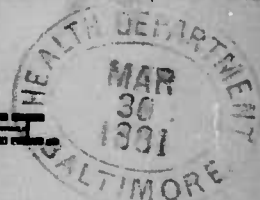
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, March 29<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Larnest August. Ellis

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 4 Years, 6 Months, 1 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 99. W. Eden St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlet Fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 31<sup>st</sup>

Undertaker, J. H. Roseing

Medical Attendant.

Place of Business, 97 Orleans, Address, 137 Orleans

tract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. 217077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Mar 29 1931

Full Name of Deceased, Martha A. Single  
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, { cross out the word not required in this line. }

Age, 6 Years, 1 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Balloonist

Birthplace, Baltimore  
{ State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 32 New Church St

Place of Death, 32 New Church St  
{ Give street and number }

Cause of Death { First, (Primary.) Condrospinal Meningitis  
{ Second, (Immediate.) Six Weeks

Duration of last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 31 1931

Undertaker, Conrad Hummel

Place of Business, 10 Park Ave

Address, 10 Park Ave

M. D. McManis  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



Permit No. 47078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 29th 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Laura Hart

Sex, Male or Female, { cross out the word not required in this line. }

Female

Age, 1 Years, 1 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Boston Hartford Conn

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

Boston Hartford Conn

Cause of Death { First, (Primary.)

Bronchitis

, Second, (Immediate.)

6 days

Duration of last Sickness, \_\_\_\_\_

6 days

All the above information should be furnished by the Physician.

Place of Burial, Weston Cemetery

Date of Burial, March 30

W B BillingsleeM. D.  
Medical Attendant.

{ Undertaker, L B Cook

{ Place of Business, 707 West Baltimore

Address, 256 E 4th St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

March 29<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Gardner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, in his 63 Year,

Months,

Days.

Color,

White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Formerly Carpenter

Birthplace, { State or Country and how long in the United States, }  
{ If of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

311 W Leary Road St

Cause of Death, {

First, (Primary.)

Formerly Spleen Gland, later Softening of the brain & paralysis

Second, (Immediate.)

Apoplexy

Duration of Last Sickness,

Softening of brain several years, Apoplexy only a few hours  
(Had recovered of Spleen Gland)

All the above information should be furnished by the Physician.

Place of Burial,

Beinde Cemetery

Date of Burial,

March 30, 1881

Elias C Price

M.D.,

Medical Attendant.

{ Undertaker,

J. Lewis Schaefer

{ Place of Business,

109 N Howard

Address,

262 Mead Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

47080

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *March 29<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Francisco Brader*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *4* Years, *6* Months, *4* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Hellen St No 81*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Inflammation Brain*

Duration of Last Sickness, *4 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cem.*

Date of Burial, *March 31<sup>st</sup> 81*

Undertaker, *M. France*

Place of Business, *200 Canton St*

*J. S. Mahon* M.D.,  
Medical Attendant.

Address, *Green St 138*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

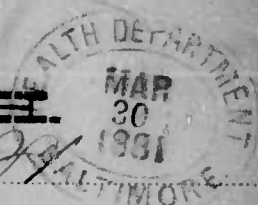


out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

47081

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

March 28<sup>th</sup> 1931

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John F. Ahman

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

56

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Single

Occupation,

Laborer

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore,

24 years

Place of Death,

Give street and number.

184 S. Madison St.

Cause of Death,

First, (Primary.)

Valvular Disease of the Heart and

Second, (Immediate.)

Aneurysm

Duration of Last Sickness,

About one year

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

March 31<sup>st</sup> 1931

Undertaker,

M. Franer

Place of Business,

280 Canton St. Address,

77 S. Broadway

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47082

## CERTIFICATE OF DEATH.

Date of Death, *28th of March 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Anna Lastner*

Sex, *Male or Female*, { Cross out the word not required in this line. } *Female*

Age, *79* Years, *11* Months, *24* Days.

Color, *white* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Widow*

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *26 years*

Place of Death, { Give street and number. } *No 31 S. Wolf Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Y old Age*

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *St Alphonsus Cem.* *Dr. Charles Roerner M. D.*

Date of Burial, *March 31, 1881* *Medical Attendant.*

{ Undertaker, *M. France* Address *Corner Bond & Eastern Avenues No 214*

{ Place of Business, *980 Canton Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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{ OVER }

to the Undertaker or other person superintending the burial, within twenty-four hours after the death of, and if requested so to do, under penalty of law.

A7083

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

March 30, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louisa A. Cochran

Sex, Male or Female. { Cross out the word not required in this line. }

Age,

7

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

238 W. Hoffman St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Diphtheria

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

Mar 31 4, 1881

J. W. H. M.D.,

Medical Attendant.

{ Undertaker,

Thos. J. Hughes

{ Place of Business,

60 E. Fulton St.

Address,

75 E. Baiter St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]



Permit No. 7084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 29<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Grace Ellen LawtonSex, Male or Female, { cross out the word not required in this line. } FemaleAge, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 21 Days.Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, 21 daysPlace of Death, { Give street and number } 45 Hamburg StCause of Death, { First, (Primary.) Marasmus from birth, Measles  
Second, (Immediate,) AstheniaDuration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount OlivetDate of Burial, March 27<sup>th</sup> 88 R. B. Fishburne M. D.  
Medical Attendant.{ Undertaker, Armstrong & Deming{ Place of Business, 263 Light St Address, Light & Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



47085  
**CERTIFICATE OF DEATH**

Date of Death, 29th March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Wallace

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 72 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give street and number. } 101 William St

Cause of Death, { First, (Primary.) } Senility  
{ Second, (Immediate.) } ✓

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 30th 1881

{ Undertaker, Armstrong & Denny

{ Place of Business, 263 Light St

H. W. Webster M.D.,  
Medical Attendant.

Address, 67 B'n. St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

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[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



A7086

## CERTIFICATE OF DEATH.

Date of Death, March 30

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann B. Lane

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 9 Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Mid

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number. } 184 Hughes st

Cause of Death, { First, (Primary.) Execution }  
{ Second, (Immediate.) \_\_\_\_\_ }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cathedral

Date of Burial, March 30th 1881

{ Undertaker, Armstrong & Son }

{ Place of Business, 263 Light }

R. A. Ellis M.D.,  
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]



if requested so to do, under penalty of law.  
No Permit for Burial Can be Obtained Without a Proper Certificate.



# CERTIFICATE OF DEATH

Date of Death, March 29<sup>th</sup> 1881

Full Name of Deceased, Annie Hora  
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Female  
Cross out the word not required in this line.

Age, 45 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, Single  
Cross out the word not required in this line.

Occupation, Housekeeper

Birthplace, Bohemia (14 yrs in America)  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, St. Alphonsus Hospital  
Give street and number.

Cause of Death, Epithelioma Cervix Uteri  
Exhaustion  
First, (Primary.) Second, (Immediate.)

Duration of Last Sickness, 1 year  
All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, March 31<sup>st</sup> 1881

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

Osborn J. Carter M.D.,  
Medical Attendant.  
Address, 188 N. Calvert St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.  
SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.  
[OVER.]

Permit No. 47088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 30 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estella A. Muir

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, Three Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } No. 157 Jefferson St.

Cause of Death, { First, (Primary) Premature Birth (Seven Months)  
Second, (Immediate) Gangrene of the Navel String (Umbilicus)

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, March 31 1881

Undertaker, Myer I. Newman

Medical Attendant.

Place of Business, 81 N. B. Hwy Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47089

## CERTIFICATE OF DEATH.

Date of Death, *March 29, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Oliver Lee*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *3* Years, *0* Months, *12* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *141 Le St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pneumonia*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Lauriel Cemetery*

Date of Burial, *March 30*

*Herbert Ross* Undertaker, *15 Lombard St* Address, *146 Hanover St*

*Herbert Ross* Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 41090

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 29<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *James Mowrey*

Sex, *Male* or *Female*, { cross out the word not required in this line. }

Age, *3* Years, *3* Months, *—* Days.

Color, *White*

*Married*, Single, *Widow* or *Widower*, { Cross out the word not required in this line. }

Occupation, *—*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. ) } *Balto MD*

Duration of Residence in the City of Baltimore, *Whole life*

Place of Death, { Give street and number } *83 Hamstead St*

Cause of Death { First, (Primary.) Second, (Immediate.) } *Pneumonia*

Duration of last Sickness, *6 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Patrick's*

Date of Burial, *March 31<sup>st</sup> 1881*

Undertaker, *Jas P. Byrnes*

Place of Business, *63 N. Front St* Address, *36 Greenmount*

*Silas W. Hunter* M. D.  
Medical Attendant,

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47091

## CERTIFICATE OF DEATH.



Date of Death,

29th March 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ann M. Brown

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

79

Years,

7

Months,

1

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Queen Anne County

Birthplace, { State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

65 years

Place of Death, { Give street and number.

58 Mount St

Cause of Death, {

First, (Primary.)

Second, (Immediate.)

Cancer of Womb

Duration of Last Sickness,

One year or more

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

March 31, 1881.

{ Undertaker,

J. B. Leach

{ Place of Business,

707 W Balto St

Address,

584 W Fayette St

Medical Attendant.

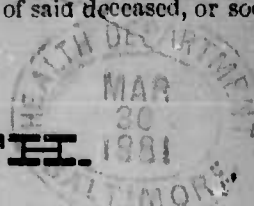
Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



47092

## CERTIFICATE OF DEATH.

Date of Death,

March 29 1891

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ellen O'Leary

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2

Years,

6

Months,

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Ireland.

Duration of Residence in the City of Baltimore,

9 months

Place of Death,

Give street and number.

230 N. Frank St.

Cause of Death,

First, (Primary.)

cap. Bronchitis

Second, (Immediate.)

Cerebro-spinal Meningitis  
15 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lykensville Howard Co.

Date of Burial,

March 31 1891

Undertaker,

James O'Byrne

Place of Business,

No 63 N. Front St.

Address,

Edmund P. O'Donnell M.D.,  
Medical Attendant.

1614 Calvert St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transcript 2122



## OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 47193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, generally furnished, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 30th 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarat Jan GilmanSex, ~~Male~~ or Female, { cross out the word not required in this line. } \_\_\_\_\_Age, 79 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States if of foreign birth. } MarylandDuration of Residence in the City of Baltimore, Twenty YearsPlace of Death, { Give street and number } 63 Burke St.Cause of Death, { First, (Primary.) Second, (Immediate,) } ParalysisDuration of last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Carmel CemeteryDate of Burial, April 1st 1881 E. B. Bullard M. D.

Medical Attendant.

Undertaker, Henry MitchellPlace of Business, 65 Broadway Address, 57 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OV4R.]

to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

44094

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, *March 29 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Benjamin Blanchard*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *32* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Bookkeeper*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*not known (Philadelphia)*

Duration of Residence in the City of Baltimore,

*1/2 day*

Place of Death, { Give street and number. }

*Maryland University Hospital*

Cause of Death, { First, (Primary.) Second, (Immediate.) }

*Verdict Suicide - (Assumed Poisoning Suffered) 9 hours*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Philadelphia*

Date of Burial, *March 31 1881*

Undertaker, *Matthew Smith*

Place of Business, *122 N 34th St Phila*

*Alexander Densley M.D.,*  
Medical Attendant

Address, *corner*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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*Index 2123*

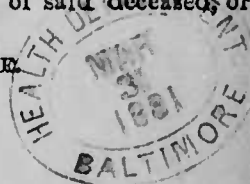
Permit No. 47095

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.



Date of Death, 29 March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Brother Neuman

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 59 Years, 7 Months, 24 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth.) } Bairn - 34 years in U.S.

Duration of Residence in the City of Baltimore, 34 years in Balt.

Place of Death, { Give street and number } German Street 280

Cause of Death, { First, (Primary.) } Pneumonia  
{ Second, (Immediate,) } Weakness

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Church

Date of Burial, 1 April 1881

{ Undertaker, P. Kerner

{ Place of Business, Mulberry St.

L. E. Prichard M. D.  
Medical Attendant.

Address, 224 West Fayette Street

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

29th March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mr Harris

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

16

Days.

Color,

Red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Settle McElroy St No 38

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Settle McElroy St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Engorgement  
5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 31st 1881

{ Undertaker, Henry & Madden

{ Place of Business, 111. Arch St.

C. H. Mahon

M.D.,

Medical Attendant.

Address, No 128 E. E. St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

March 26<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Oliver Tascar

Sex, Male or Female,

Cross out the word not required in this line.

Age,

1

Years,

1

Months,

—

Days.

Color, *ed*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

—

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

2 Parrish Alley

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Teething  
Convulsions

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

March 31/81

Undertaker,

H. N. Amberg

Place of Business,

East St

Address,

Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

Examined by Geo E Brown  
Inspector

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47098



## CERTIFICATE OF DEATH.

Date of Death,

March 30th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Harvey Boyce

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

54

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Married

Occupation,

Laborer

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

8 1/2 years

Place of Death,

{ Give street and number. }

248 Fountain St.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Heart disease

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul's Cemetery

Date of Burial,

April 1st 1881

Undertaker,

H. M. Gebmeyer

Place of Business,

No 341 Canton Ave,

Address,

248 Fountain St.

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

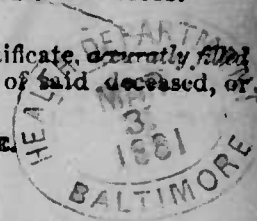


Permit No. 47099

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 30<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. Elizabeth Reese

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 76 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } single

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and number } Cor Howard & Clay Sts

Cause of Death, { First, (Primary,) Old Age & Debility  
Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness, Died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, London Park Ky

Date of Burial, April 1<sup>st</sup> 1881

Undertaker, Stewart & Mawer

Place of Business, 35 Park Ave

J. B. Uehler M. D.  
Medical Attendant.

Address, 934 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47100

## CERTIFICATE OF DEATH



Date of Death, Mar 30<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Conolly

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 53 Years, Months, Days.

Color, W

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, abt 30 Yrs

Place of Death, { Give street and number. } 18 Pleasant Alley

Cause of Death, { First, (Primary.) } Heart Disease  
{ Second, (Immediate.) } Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 1<sup>st</sup>

{ Undertaker, Henry Sander

{ Place of Business, 282 Canton Ave

Chas. H. Coft M.D.,  
Coroner & Medical Attendant.

Address, 67 W. B. St.

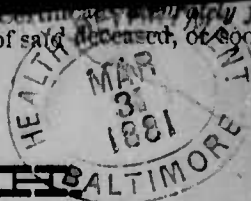
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SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



47101

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female { Cross out the word not required in this line. }

Age, 41 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 47102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Tuesday, March 29th, 1881Full Name of Deceased, Malcolm Madden  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }Sex, Male or Female, Female  
{ cross out the word not required in this line. }Age, 24 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, Single, Widow or Widower, Married  
{ Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, Ireland  
{ State or country, (and how long in the United States, if of foreign birth. }Duration of Residence in the City of Baltimore, 8 yearsPlace of Death, S. W. Cor of High & Front St  
{ Give street and number }Cause of Death Suppurative Septicemia  
{ First, (Primary),  
Second, (Immediate), }Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross CemeteryDate of Burial, April 1st 1881Undertaker, James D. ByrnePlace of Business, No 63 N Front St Address, 25 1/2 Greenmount Ave
William D. Dinton M. D.  
 Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of  
 Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 47103

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 30th, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Zedrick Mark,

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, 4 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 24 Camden St.

Cause of Death, { First, (Primary.) Second, (Immediate,) } Peritonitis & exhaustion

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 31/1881 Shlgo. W. L. Loeck M. D. Medical Attendant.

Undertaker, J. B. Loeck

Place of Business, 707 N. Balto St. Address, 128 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[0741.]

Permit No. 47104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 29, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucy M. Allen

Sex, Male or Female, { cross out the word not required in this line. }

Age, One Year, Months, Twenty four Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1 yr 24 days

Place of Death, { Give street and number } 124 Fort Ave

Cause of Death { First, (Primary,) Measles  
Second, (Immediate,) Pneumonia

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Center Y.M.C.A. Cemetery

Date of Burial, March 31 - Robert S. Rowe

Undertaker, B. Haule M. D. Medical Attendant.

Place of Business, 82 West St. Address, 323 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

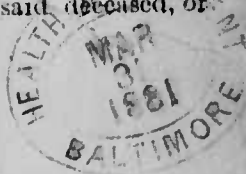
[OVER.]



Permit No. 47105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker, or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## 47105 CERTIFICATE OF DEATH.

Date of Death, March 29<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William A. Davage

Sex, Male or Female, { cross out the word not required in this line. }

Age, 4 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 40 East St.

Cause of Death { First, (Primary.) Consumption  
Second, (Immediate,)

Duration of last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, March 31 1881

E. B. Fenby M. D.  
Medical Attendant.

{ Undertaker, Charles H. White

{ Place of Business, 35 Granby St

Address, 319 N. Central Ave.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

47106  
Date of Death, March 30 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Weinbach  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 12 Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_  
Occupation, \_\_\_\_\_  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } city  
Duration of Residence in the City of Baltimore, \_\_\_\_\_  
Place of Death, { Give street and number. } 66 E. Valer St.  
Cause of Death, { First, (Primary.) Anaemia  
{ Second, (Immediate.) \_\_\_\_\_  
Duration of Last Sickness, Three days  
All the above information should be furnished by the Physician.  
Place of Burial, Ches. Salem Cemetery  
Date of Burial, March 31  
{ Undertaker, W. Elmer  
{ Place of Business, \_\_\_\_\_  
A. J. Quord M.D.,  
Medical Attendant.  
Address, \_\_\_\_\_

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



47107

CERTIFICATE OF DEATH.

Date of Death, 30<sup>th</sup> March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Eader

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 50 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Cabinet maker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bavaria

Duration of Residence in the City of Baltimore, 2.5 yrs

Place of Death, { Give street and number. } 46 W. Washington

Cause of Death, { First, (Primary.) Chronic Longuey Second, (Immediate.) }

Duration of Last Sickness, five weeks, very attendance, All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 31<sup>st</sup> April 1881

{ Undertaker, Wm. D. Hoffman M.D., Medical Attendant.

{ Place of Business, S. W. Clark & Sons

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



Permit No. 47108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47108

## CERTIFICATE OF DEATH.

Date of Death,

30<sup>th</sup> March

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Frederick Helfrich

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 37 Years, Months, Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Huckster

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

3 years

Place of Death, { Give street and number }

160 Little Green St

Cause of Death { First, (Primary,) Second, (Immediate,) }

Cystitis

Duration of last Sickness,

All the above information should be furnished by the Physician.

I attended him 3 days. He had been sick some times and attended by others

Place of Burial, Cedar Hill Cemetery

Date of Burial, April 1<sup>st</sup>

O. P. Hoffman

M. D.

Medical Attendant.

Undertaker, F. N. O'Connell

Place of Business, 131 Hanover

Address, 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

A7109

# CERTIFICATE OF DEATH.

Date of Death,

March 30th 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Edward Hardin

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

21

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Single

Occupation,

Gen. Lab.

Birthplace,

State or Country and how long in the United States, if of foreign birth.

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

109 Wayne St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia

18 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Watersville

Date of Burial,

April 1.

Undertaker,

Hercules Ross

Place of Business,

15 Donnan St.

Address,

188 1/2 Barclay St.

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, April 1.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mattie Stewart

Sex, Male or Female, { cross out the word not required in this line. }

Age, / Years, 2 Months, 8 Days.

Color, V

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 86 Saratoga

Cause of Death { First, (Primary.) Rheumatism, acutus. Second, (Immediate.) Anemia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, London Park by

Date of Burial, April 2nd 1881 M. D.

Medical Attendant.

Undertaker, Stewart & Mowbray

Place of Business, 35 Park Ave Address, 137 W Fayette St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47111

## CERTIFICATE OF DEATH

Date of Death,

Mar. 31<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Herbert Bailey

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, 3 Years, 4 Months, 28 Days.

Color, White

~~Married~~, Single, ~~Widow~~ ~~or Widower~~. { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Kansas

Duration of Residence in the City of Baltimore, 2 years, 7 mos.

Place of Death, { Give street and number. }

102 S. Paca St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

diphtheria  
diphtheritic Croup  
5 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 1, 1881

Eldridge C. Rice, M.D.,  
Medical Attendant.

{ Undertaker, J. B. Blackiston

{ Place of Business, 22 S. Bay St. Address, 262 Madison Ave.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



47112

## CERTIFICATE OF DEATH

Date of Death, *March 31st 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Charles Edward Jefferys*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *33* Years, Months, Days.

Color, *white*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Can Maker*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *133 East Monument St*

Cause of Death, { First, (Primary.) *Hereditary*  
Second, (Immediate.) *Consumption* }

Duration of Last Sickness, *About one month*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 2nd*

*Milton K. Taylor* M.D.,  
Medical Attendant.

{ Undertaker, *Geo Schilling*

{ Place of Business, *Market Square*

Address, *Broadway & Mc, The Ebb*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47113

## CERTIFICATE OF DEATH

Date of Death,

31 March 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Chas Knapp

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years,

3 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Corn Monument & Constitution

Cause of Death, { First, (Primary.) }

{ Second, (Immediate.) }

Phlebotomy

Duration of Last Sickness,

1 Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 1 1881

J. C. Hoffman M.D.,

Medical Attendant.

Undertaker, John Henry

Place of Business, 382 Orleans St.

Address, 57 Argus St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



47114  
No Permit for Burial Can be Obtained Without a Proper Certificate.

# CERTIFICATE OF DEATH.



Date of Death, March 31, 1881  
Full Name of Deceased, Blanche W. Michaels  
Sex, Male or Female, Male  
Age, 1 Years, 4 Months, 23 Days.  
Color, White  
Married, Single, Widow or Widower, Single

Occupation, \_\_\_\_\_  
Birthplace, Baltimore  
Duration of Residence in the City of Baltimore, Since Birth  
Place of Death, 261 West Whorping Cough  
Cause of Death, Measles  
Duration of Last Sickness, 6 Days

Place of Burial, Mount Olivet  
Date of Burial, April 2<sup>nd</sup> 1881  
Undertaker, Julius Koehler  
Place of Business, Cross & Sharp  
Medical Attendant, Frederick C. M.D.  
Address, 146 Madison St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.  
SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *March 31<sup>st</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Fred. W. Hoffman*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *72* Years, *—* Months, *—* Days.

Color, *W. H. T.*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Ret.*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *25 years*

Place of Death, { Give street and number. } *393 Orleans St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Hd. ag.*  
*Apoplexy*

Duration of Last Sickness, *6 months*

All the above information should be furnished by the Physician.

Place of Burial, *Trinity Sta. Cemetery*

Date of Burial, *April 2<sup>nd</sup> 1881*

{ Undertaker, *John Rissing*

{ Place of Business, *Orleans St.*

Address, *—*

*J. H. Harrison* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to the undertaker or other person superintending the burial, within twenty-four hours after the death, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



44116

## CERTIFICATE OF DEATH.

Date of Death, *March 30<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William H Miller*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *35* Years, Months, Days.

Color, *Colored* Sex, \_\_\_\_\_

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation, *Writer*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *all his life*

Place of Death, { Give street and number. } *32 Bagd M*

Cause of Death, { First (Primary), Second (Immediate), } *Consumption*

Duration of Last Sickness, *four months*

All the above information should be furnished by the Physician.

Place of Burial, *Samuel Cemetery*

Date of Burial, *April 1<sup>st</sup> 1881*

{ Undertaker, *Samuel Chase* Address *312 Lexington M*

{ Place of Business, *198 S. Howard St.*

*W. G. Knowles M. D.*  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 47117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Dunlap

Sex, Male or Female, { cross out the word not required in this line. }

Age, 28 Years, 1 Month, 29 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Book-Agent

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } N. Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } No 96 N. Central Ave

Cause of Death { First, (Primary,) Phthisis Pulmonaris  
Second, (Immediate,) }

Duration of last Sickness, 25 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 5th 1881

Undertaker, Henry W. Means

Place of Business, 45 N. Gay St

Francis A. Gauer M. D.  
Medical Attendant.

Address, 105 N. Central Ave

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

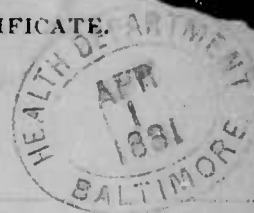
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

to the Undertaker or other person superintending the burial, within twenty-four hours after the death of  
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



47118

## CERTIFICATE OF DEATH.

Date of Death, *March 30th. 1891.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Aloncius Jellid*

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, *3* Years, Months, *10* Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Washington, D.C.*

Duration of Residence in the City of Baltimore, *6 months*

Place of Death, { Give street and number. } *512 Canton Ave.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Conspicuous & haemorrhage*

Duration of Last Sickness, *1 day.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cem.*

Date of Burial, *Apr. 1<sup>st</sup> '91*

Undertaker, *M. Francis*

Place of Business, *280 Canton Ave.*

*Sherrill Staerke, M.D.*  
Medical Attendant.

Address *128 Park Ave.*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 31st, 1891

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Loue Garden

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 4 Years,

Color, White.

Months, Days.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Canada

Duration of Residence in the City of Baltimore, Ten years

Place of Death, { City, street and number } 39 Woodward Avenue

Cause of Death { First, (Primary,) Diphtheria

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 1st, 1891

Undertaker, Wm. Maacher

Place of Business, 150 Camden

*Wm. A. Aldrich*

M. D.  
Medical Attendant.

Address, A. E. Co. Chambers & Remont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 47120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death, March 30<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick ShallySex, Male or Female, { cross out the word not required in this line. } MaleAge, 23 Years, — Months, — Days.Color, whiteMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } SingleOccupation, Porter in a StoreBirthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltoDuration of Residence in the City of Baltimore, —Place of Death, { Give street and number } 71 Boy StCause of Death, { First, (Primary.) Pulmonary Consumption  
Second, (Immediate,) —Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St. Peter'sDate of Burial, April 1 1881{ Undertaker, Matthew Cadogan{ Place of Business, 227 Mulberry St Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

if requested so to do, under penalty of law.

47121

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *March 30 1891*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Diven*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *81* Years, — Months, — Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balt Co Md*

Duration of Residence in the City of Baltimore, *16 years*

Place of Death, { Give street and number. } *120 Bating Ave*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Old Age*

Duration of Last Sickness, *Several years*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore County*

Date of Burial, *April 2* *Theodore Reed* M.D.,  
Medical Attendant.

{ Undertaker, *B. H. H. H.*

{ Place of Business, *82 West St* Address, *146 Hanover St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2124 Francis

## OFFICE OF REGISTRAR OF VITAL

Permit No. 47122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ~~sent~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 31<sup>st</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter TurnerSex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_Age, 34 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, ColoredMarried, Single, Widowed or Widower, { Cross out the word not required in this line. } \_\_\_\_\_Occupation, LaborerBirthplace, { State or country, (and how long in the United States if of foreign birth. } New OrleansDuration of Residence in the City of Baltimore, 6 YearsPlace of Death, { Give street and number } 17 Hunter St.Cause of Death, { First, (Primary.) Second, (Immediate.) } ConsumptionDuration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Louis CemeteryDate of Burial, April 2<sup>nd</sup> 1881Undertaker, Abraham WeymanPlace of Business, 13 Saratoga St.E. B. Farley M. D.  
Medical Attendant.Address, 319 N. Central Ave.

## Extract from Regulations of the Board of Health to secure full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47123

## CERTIFICATE OF DEATH



Date of Death, *March 30<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Known as Frank*

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, *About 35* Years, Months, Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Unknown*

Occupation, *Unknown*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Unknown*

Duration of Residence in the City of Baltimore, *Unknown*

Place of Death, { Give street and number. } *John H. Goswiler's Lumber Yard - Ridgely St. near West St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Suppuration - from Gas - while sleeping - near the kiln -*

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *Western Public Cemetery.*

Date of Burial, *7 April '81*

Undertaker, *P. A. Koschner,*

Place of Business, *50 S. Carrollton Ave.* Address, *101 So. Sharp St.*

*B. A. Bell* M.D., Medical Attendant.

*Carmen So. Dist.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



A7124

# CERTIFICATE OF DEATH

Date of Death, March 31<sup>st</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos. S. Smith

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,        Years,        Months, One Days

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 155 Chestnut St

Cause of Death, { First, (Primary.) Cold  
Second, (Immediate.) Inanition }

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 1<sup>st</sup> 1881

{ Undertaker, W. H. Hickman  
Place of Business,        }

Medical Attendant, James A. Stearns M.D.,  
Comm of Health & Registrar  
Address,       

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. P. Smith [OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, *March 31: 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Mary Elizabeth Carr.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *39* Years,

*9* Months,

Days.

Color, *White*

Sex, —

Married, ~~Single, Widowed or Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Maryland.*

Duration of Residence in the City of Baltimore, *37 years*

Place of Death, { Give street and number. } *112 Baker St.*

Cause of Death, { First (Primary,) } { Second (Immediate,) } *Pulmonary Consumption.*

Duration of Last Sickness, *About one year*

All the above information should be furnished by the Physician.

Place of Burial, *St. Vincent Cemetery*

Date of Burial, *April 3rd 1881*

*E. M. Reid* M. D.  
Medical Attendant.

{ Undertaker, *Geo Saffran*

{ Place of Business, *121 Penna St.*

Address *243 N. Monument.*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. *47126*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 30*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *George Washington Howard*

Sex, Male or Female, { cross out the word not required in this line. }

Age, *Seven* Years, *Seven* Months, *Seven* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *all his life*

Place of Death, { Give street and number } *306 Montgomery St*

Cause of Death { First, (Primary,) Second, (Immediate,) } *Marasmus*  
*Asthma*

Duration of last Sickness, *Two Months*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp's Cemetery*

Date of Burial, *April 1, 1881*

Undertaker, *W. H. Perkins*

Place of Business, *130 Kenilworth* Address, *77 Hill St*

*Julius Hall* M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



47127  
Date of Death, March 31, 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles May  
Sex, Male or Female, { Cross out the word not required in this line. } Female  
Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 7 weeks, \_\_\_\_\_ Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
Occupation, \_\_\_\_\_  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt City  
Duration of Residence in the City of Baltimore, Life  
Place of Death, { Give street and number. } St Vincent's Infant Asylum  
Cause of Death, { First, (Primary.) Marasmus  
Second, (Immediate.) Spasm }  
Duration of Last Sickness, from admission  
All the above information should be furnished by the Physician.  
Place of Burial, St. Alphonsus Cemetery  
Date of Burial, March 31, 1881 Marbury M.D.,  
{ Undertaker, Peter Kummer Medical Attendant.  
{ Place of Business, 317 Mulberry Address, 68th Calver St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 247128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, March 31st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John G. Yellmann

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 56 Years, 3 Months, 1 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, { Give street and number } No 314 Montgomery St

Cause of Death { First, (Primary,) Phthisis pulmonalis }  
{ Second, (Immediate,) }

Duration of last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 3, 1881

Undertaker, Ernst Schleman

Place of Business, 200 Sharp

Address, 166 S. Paca St. M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]



to the Undertaker or other person superintending the burial, within twenty-four hours after the death of if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

Mar 30/81

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

George Yuke

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

5

Months,

Days.

Color,

Bright

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore County

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

57 St Paul St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Meningitis

Duration of Last Sickness,

Two (2) Months

All the above information should be furnished by the Physician.

Place of Burial,

St Peters cemetery

Date of Burial,

April the 1-1881

{ Undertaker,

J. C. Jordan

{ Place of Business,

No 3 park ave

J. F. Ward

M.D.,

Medical Attendant.

Address,

127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47130

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, March 31. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Williams

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, ed

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation, Laundress

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 235 Chesnut alley

Cause of Death, { First, (Primary.) Second, (Immediate.) } Peritonitis

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Sanrel cem

Date of Burial, April 1st 1881

Undertaker, Hensley & Hadden

Place of Business, 116 Calver St

B. B. Browne M. D.  
Medical Attendant.

Address, 307 Madison Av

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

AM 131

## CERTIFICATE OF DEATH



Date of Death, Mar 31 '81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Lyons

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 68 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Irish Co. Ireland

Duration of Residence in the City of Baltimore, 2-30 yrs.

Place of Death, { Give street and number. } 147 W. Tenth

Cause of Death, { First, (Primary.) Second, (Immediate.) } Paralysis

Duration of Last Sickness, about 48 hrs

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's

Date of Burial, April 2nd 1891

Undertaker, James P. Byrne

Place of Business, 68 Front

John B. Kimmover M.D.,  
Medical Attendant.

Address 5 W. Calver & Kroll

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 47132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. 47132

Date of Death, March April 1<sup>st</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kitty Washington

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 7 Years, Months, Days.

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 14 Morris ad

Cause of Death { First, (Primary,) Hemiplegia  
Second, (Immediate,) 2 weeks

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, April 3<sup>rd</sup> 1881

Undertaker, Chas T Scrien

Place of Business, 271 N. E. St Address, 201 W. Biddle St

R. H. Mislou M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

March 31<sup>st</sup> 1881

Arthur Greene

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

~~Married, Single, Widow or Widower;~~ { Cross out the word not }  
required in this line.

Occupation,

*Birthplace,* { State or Country and how }  
 { long in the United States, }  
 { if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and }  
number.

*Cause of Death,*  $\left\{ \begin{array}{l} \text{First, (Primary.)} \dots\dots \\ \text{Second, (Immediate.)} \end{array} \right.$

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, 1<sup>st</sup> April.

(Undertaker, *J. J. Hamuth*

(Place of Business, 83 N. Poppleton St. Address.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 47134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. 47134

Date of Death, April 1<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edna May Thomas

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 1 Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 234 Forest St

Cause of Death, { First, (Primary.) Meningitis Cerebra }  
{ Second, (Immediate.) Two days }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 2<sup>d</sup> 1887

{ Undertaker, E A Warman } M. D. Medical Attendant.

{ Place of Business, 38 E. 11<sup>th</sup> St } Address, 151 Chesapeake St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



Permit No. 47135

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death, March 3, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Silas George Clark

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 49 Years, one Months, eight Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Iron Moulder

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Camden Maine

Duration of Residence in the City of Baltimore, 10 years 6 months

Place of Death, { Give street and number } 29 Elliott St

Cause of Death, { First, (Primary.) Second, (Immediate,) } Cerebral Congestion

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, April 3d 1881

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St Address, 17 Calverton

E. Jones Williams M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 30<sup>th</sup>*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Henry Blackston*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *about 40* Years, *—* Months, *—* Days.

Color, *Colored*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Laborer*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Annapolis Md*

Duration of Residence in the City of Baltimore, *do not know*

Place of Death, { Give street and number. } *24 Stocton Alley*

Cause of Death, { First (Primary), Second (Immediate), } *Congestion of Brain.*

Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician

Place of Burial, *St. Michaels Cemetery*

Date of Burial, *April 1<sup>st</sup> 1881*

Undertaker, *W. M. Beresque*

Place of Business, *East St*

*H. W. Weber* M. D.  
Medical Attendant.

Address *298 W. Lombard St*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, *March 31, 1881* *47* *13*  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Brown*  
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }  
Age, *40* Years, Months, Days.  
Color, *Mulatto*  
~~Married, Single, Widow or Widower,~~ { Cross out the words not required in this line. }  
Occupation, *Servant*  
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Balto. County*  
Duration of Residence in the City of Baltimore,  
Place of Death, { Give street and number. } *66 Oxford Street*  
Cause of Death, { First (Primary), Second (Immediate), } *Cancer of Womb (epithelioma)*  
Duration of Last Sickness, *Six Months*  
All the above information should be furnished by the Physician.  
Place of Burial, *Piney Grove*  
Date of Burial, *April 2 1881*  
Undertaker, *Wm Chase*  
Place of Business, *198 Howard St* Address *317 Madison Ave*  
Medical Attendant, *Dr Carey Thomas M. D.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*2125 - Permit*

[OVER.]



OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, April 1/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Jones

Sex, Male or Female, { cross out the word not required in this line. }

Age, 11 Years, 6 Months, 18 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, 11 yrs 6 m

Place of Death, { Give street and number } 228 Lomb St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Scarlet Fever  
four (4) days

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Butterson cemetery

Date of Burial, April 3 \_\_\_\_\_ M. D.

Undertaker, Joseph Cook \_\_\_\_\_ Medical Attendant.

Place of Business, 707 West Baltimore Address, 387 W. Lomb St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 47137 + 47139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death,

April 1<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fanny McHard

Sex, Male or Female, { cross out the word not required in this line. }

Female

Age,

1

Years,

11

Months,

Days.

Color,

White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

469. Strickland St

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number }

469. S. Strickland St

Cause of Death

First, (Primary.)

Meningitis Tubercular

Second, (Immediate.)

Duration of last Sickness,

2 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

London Park Cemetery

Date of Burial,

April 3<sup>rd</sup> 1881

G. W. Bonis

M. D.

Medical Attendant.

Undertaker,

Jno H. Weaver

Place of Business,

2216 Fayette

Address,

Strickland St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

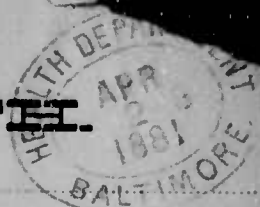




out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



47141  
Date of Death, March 31 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } D. Morgan Syco  
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }  
Age, 20 Years, — Months, — Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single  
Occupation, City ✓  
Birthplace, { State or Country and how long in the United States, if of foreign birth. }  
Duration of Residence in the City of Baltimore, —  
Place of Death, { Give street and number. } 260 Linden Ave.  
Cause of Death, { First, (Primary.) Phthisis Pulmonalis  
Second, (Immediate.)  
Duration of Last Sickness, Two years.  
All the above information should be furnished by the Physician.  
Place of Burial, Green Mount  
Date of Burial, 3<sup>rd</sup> April 1881 A. R. Quast M.D.,  
Medical Attendant.  
{ Undertaker, A. W. Jenkins & Son  
Place of Business, 75 N. Charles Address, —

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

March 31<sup>st</sup> 1901

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Frank Osborn

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

one

Years,

Eleven

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give street and number. }

216 Pierce St

Cause of Death,

{ First, (Primary.) }

Chronic Bronchitis

{ Second, (Immediate.) }

Debility

Duration of Last Sickness,

Five months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

April 2

T. F. McConick, M.D.,  
Medical Attendant.

{ Undertaker,

J. J. Phalmers

{ Place of Business,

Bona av 341

Address,

454 Mad Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47143

OFFICE OF REGISTRAR OF VITALS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death, April 1st 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Ann Talbott

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 72 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Philadelphia

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number } 29 Parkin St.

Cause of Death, { First, (Primary,) Second, (Immediate,) } Paralysis

Duration of last Sickness, 14 years.

All the above information should be furnished by the Physician.

Place of Burial, St. Olives

Date of Burial, April 3rd 1881 Edward P. Ward M. D.

Medical Attendant.

Undertaker, J. B. Hough

Place of Business, 320 Genoa Ave Address, 248 N. Lombard St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



# CERTIFICATE OF DEATH

Date of Death, *Mar 31 1880*

Full Name of Deceased, *Joseph Welch*

Sex, Male or Female, *Male*

Age, *5* Years,

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *Druggist*

Birthplace, *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *Long*

Place of Death, *Home*

Cause of Death, *Pneumonia*

Duration of Last Sickness, *18 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Samuel L. Lintner*

Date of Burial, *March 31 1880*

Undertaker, *Charles A. White*

Place of Business, *35-Grand St*

*Charles Morfit* M.D.,  
Medical Attendant.

Address, *67 E. Baltimore St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 47145

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 9th March 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joshua Brown

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 14 Years, 14 Months, 14 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, 14 years.

Place of Death, { Give street and number } 2 Mc Donough Street

Cause of Death, { First, (Primary.) Second, (Immediate.) } Stomachic Inflammation

Duration of last Sickness, 18 days, treated at N. E. Disp.

All the above information should be furnished by the Physician.

Place of Burial, Leavel Cemetery

Date of Burial, April 2 1881

Undertaker, Abraham Wapman

Place of Business, 13 Soadleya St

Jno. H. Suran M. D.  
Medical Attendant.

Address, 2388 Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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J. G. DULANTY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

on, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47146

## CERTIFICATE OF DEATH



Date of Death,

April 1/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Matthelo Herrold

Sex, ~~Male~~ or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

58 Years,

Months,

Days.

Color,

white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Laborer

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

22 years

Place of Death,

{ Give street and number. }

165 S. Dallas St.

Cause of Death,

{ First, (Primary.) }

Pneumonia

{ Second, (Immediate.) }

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus.

Date of Burial,

April 2nd

R.W. Mansfield

M.D.,

Medical Attendant.

{ Undertaker,

M. Funk

{ Place of Business,

35 Bank St.

Address,

117 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



47147  
Date of Death, *April 2nd 1881*  
Full Name of Deceased, *Mary Frances Miller*  
Sex, Male or Female, *Female*  
Age, *26* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, *White*  
Married, Single, Widow or Widower, *Married*  
Occupation, *Housewife*  
Birthplace, *Balt. City*  
Duration of Residence in the City of Baltimore, *Since Birth*  
Place of Death, *279 S. Bond*  
Cause of Death, *Typhoid Fever*  
Duration of Last Sickness, *26 Days*  
All the above information should be furnished by the Physician.  
Place of Burial, *St. Michael's Cemetery*  
Date of Burial, *L. Kurtz Mundt*  
Undertaker, *L. Kurtz*  
Place of Business, *283 S. Bond St* Address, *77 Co. Broadway*  
Medical Attendant, *G. L. Winters M.D.*

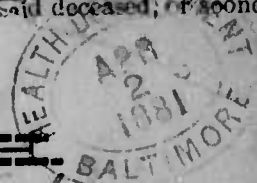
Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

The Physician who attended any person who has died in the City of Baltimore, is required to furnish, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

March 31, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Harriet C. Johnson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

45

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Cook

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Harford Co Md

Duration of Residence in the City of Baltimore,

35 years

Place of Death,

Give street and number.

24 Gilbert St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Rheumatism of the Heart

Duration of Last Sickness,

One or two

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

April 2 1881

Undertaker,

W. N. Dunbar

Place of Business,

1062 East St

Alexander Tinsley

M.D.,

Medical Attendant.

Address,

Coroner

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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but, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47149

## CERTIFICATE OF DEATH

Date of Death,

April 1, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Daughter of Anna

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

2

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

115 York St

Cause of Death, { First, (Primary.) }

Pneumonia

Second, (Immediate.)

Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp & Runney

Date of Burial,

April 2nd, 1881

{ Undertaker,

J. H. Perkins & Co

{ Place of Business,

W. L. Booz

M.D.,

Medical Attendant.

Address,

206 Sharp St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

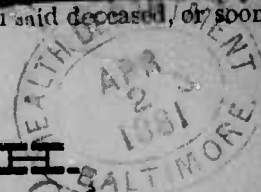
SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Physician who attended any person in this city, shall, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



47150

## CERTIFICATE OF DEATH

Date of Death,

April 1 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Isabelle Perry

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 60

Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Housekeeper  
Canal Co

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

1 Scott St

Cause of Death, { First, (Primary.) }

Burns

Second, (Immediate.)

1 1/2 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Apr 2 2nd 1881

Alexander Tinsley

M.D.,

Medical Attendant.

{ Undertaker, J. B. Cook

{ Place of Business, No 707 W Baltimore Street

Address, Corner

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. 47151

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 1 April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna Wilhelmine Noehlman

Sex, Male or Female, { cross out the word not required in this line. }

female

Age, 72 Years, 10 Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Bückeburg GermanyDuration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number }

Franklin St 153

Cause of Death, { First, (Primary.) }

Old age.

{ Second, (Immediate.) }

SenilityDuration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western CemeteryDate of Burial, 3 April 1881A. F. Peinhardt

M. D.

Medical Attendant.

{ Undertaker, Georg Seimann }

{ Place of Business, 389 West 1st St }

Address, 224 West Fayette Street

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

Permit No. 47152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 1<sup>st</sup> 1881 47152

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sadie Melfelder

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Four Years, Ten Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Lifeline

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 890 Miles Street

Cause of Death { First, (Primary,) Scutaria  
Second, (Immediate,) Meningitis

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Ball's Hebrew Cemetery

Date of Burial, April 3<sup>rd</sup> 1881

Undertaker, Wm. Eilan

Place of Business, 101 Gough St

Address, 88 W. Eutan Street

M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]



Permit No. 47153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2d 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John G. Paer

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, 9 Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 25 N. Howard St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Tubercular Meningitis  
Coma

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Not buried

Date of Burial, April 4

Undertaker, J. Bartell G. Lieberman M. D.  
Medical Attendant.

Place of Business, The Frederick St. Address, 229 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANTY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 47154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, April 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benj. L. Nelson

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 31 Years, 9 Months,  Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Painter

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Did not live at present in city

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, { Give street and number. } 7 Clay St

Cause of Death, { First (Primary,) Nephritis }  
{ Second (Immediate,) some weeks }

Duration of Last Sickness, some weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, April 3rd 1881

{ Undertaker, Andrews & Stodges }  
{ Place of Business, No 416 Druid Hills Ave }

Address, 53 N. Green St

H. J. Hall M. D.  
Medical Attendant

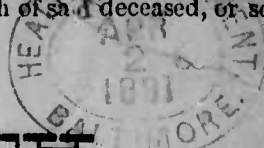
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[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *March 31-1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Rosa Hazel*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *2* Years, *12* Months, *12* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *30 Shuter St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pneumonia*  
*Eclampsia*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Lanier Cemetery*

Date of Burial, *April 2nd 1881*

Undertaker, *Henry G. Madden*

Place of Business, *#16 Orchard St.*

*G. F. Fayler* M.D.,  
Medical Attendant.

Address, *222 N Broadway*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No: 47186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 12, 1881.

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. James Klein.

Sex, Male or ~~Female~~, (cross out the word not required in this line.)

Age, 21 Years, ~~24~~ Months, 24 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Orphan~~, (Cross out the word not required in this line.)

Occupation, Shoe fitter.

Birthplace, State or country, (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, Give street and number 49 Greenmount ave.

Cause of Death, First, (Primary,) Second, (Immediate,) Phthisis Pulmonalis.

Duration of last Sickness, 3 months.

All the above information should be furnished by the Physician

Place of Burial, St. Charles Church.

Date of Burial, April 4, 1881.

Undertaker, Henry Horck.

Place of Business, 217 N. Central Ave. Address, 94 S. Broadway.

A. F. Erich, M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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Permit No. 47157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, April 21 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Etha Linton

Sex, Male or Female, { cross out the word not required in this line. }

female

Age, 82 Years,

Months,

0

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Widow

Occupation,

Id

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

8 yrs

Place of Death, { Give street and number }

157 Hartford Ave

Cause of Death, {

First, (Primary.)

Smile

Second, (Immediate.)

anemia

Duration of last Sickness,

2 wks - 20 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, April 4

D. Smith

Undertaker, John W Jackson

V. D.

Medical Attendant.

Place of Business, 818 N. Gay St

Address, 143 N. Enoch St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

{ 0741 }

Permit No. 147158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *actually filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Apr 2<sup>d</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Cremen

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age,        Years, 17 Months,        Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 320. N Broadway

Cause of Death { First, (Primary.) Second, (Immediate.) } Bronchitis  
asthenia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Braie

Date of Burial, April 3rd/1881

{ Undertaker, Newington Ave

{ Place of Business, 75 N Charles

J. E. Schatard M. D.  
Medical Attendant.

Address,       

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]



if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



47159

# CERTIFICATE OF DEATH.

Date of Death,

April 1

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Burke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 20 Years, Months, Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 20

Place of Death, { Give street and number. } 32 Cross St

Cause of Death, { First, (Primary.) Brain Paralysis }  
Second, (Immediate.) Apoplexy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 8

J. H. Ellis M.D.,  
Medical Attendant.

{ Undertaker, B. Harkle }

{ Place of Business, 82 West St }

Address, 313 Light St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Apr 1 1881. 47160

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William P. Cole.

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 78 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Massachusetts

Duration of Residence in the City of Baltimore, 64 years.

Place of Death, { Give street and number } 243 N. Eutaw St.

Cause of Death { First, (Primary.) } Degeneration of Heart  
{ Second, (Immediate.) }

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 4 1881 W. Riley M. D. Medical Attendant.

{ Undertaker, Wm Weaver

{ Place of Business, 202 N. Eutaw St. Address, 306 Madison Avenue.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

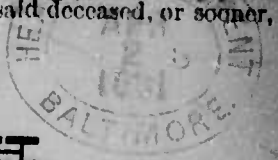
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WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



47161

# CERTIFICATE OF DEATH.

Date of Death, *April 2nd 1887*

Full Name of Deceased, *John Johnson* Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, *Male* Cross out the word not required in this line.

Age, *8* Years, *0* Months, *0* Days.

Color, *White*

Married, Single, Widow or Widower, *Single* Cross out the word not required in this line.

Occupation, *None*

Birthplace, *Baltimore City* State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, *1033 Eastern Ave.* Give street and number.

Cause of Death, *Scarlatina* First, (Primary.) Second, (Immediate.)

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *S. Paul's Cemetery*

Date of Burial, *April 4 1887*

Undertaker, *Leonard Viny*

Place of Business, *S. Bonds St 277*

Address, *277 S. Bonds St*

*J. J. Kelly* M.D.,  
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

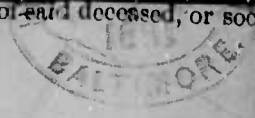
SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

47162  
Date of Death, *April 2nd, 1881.*  
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Carolina Krum*  
Sex, Male or Female, Cross out the word not required in this line. *Female*  
Age, *41* Years, *1* Month, *0* Days.  
Color, *white*  
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.  
Occupation, \_\_\_\_\_  
Birthplace, State or Country and how long in the United States, if of foreign birth. *Germany*  
Duration of Residence in the City of Baltimore, *Twenty-eight years.*  
Place of Death, Give street and number. *115 1/2 S. Broadway*  
Cause of Death, First, (Primary.) *Phthisis Pulmonalis*  
Second, (Immediate.) \_\_\_\_\_  
Duration of Last Sickness, *Fourteen months*  
All the above information should be furnished by the Physician.  
Place of Burial, *Mount Carmel Cemetery*  
Date of Burial, *April 4th 1881.* *John H. Rehberger* M.D.,  
Undertaker, *Leahard Vandy* Medical Attendant.  
Place of Business, *S. Bond Street* Address, *#243 Alice Street*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. 47163

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 30, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bruce H. H. H.

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, Months, 12 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, { Give street and number } 217 St Paul St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Immaturity - about 7 years

Duration of last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Church

Date of Burial, April 2, 1881 P. L. Williams M. D.

Medical Attendant.

{ Undertaken by } W. P. H.

{ Place of Business, } 188 S. Howard St Address, 217 St Paul St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[074R.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, April 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lady Jane Harley

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 Years, 8 Months, — Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } None

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Orustring Co Penna

Duration of Residence in the City of Baltimore, About one year

Place of Death, { Give street and number } 19 Chesapeake St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlet Fever

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Greenwood

Date of Burial, April 3rd 1881

Undertaker, James J. Williams

Place of Business, 223 Calumet St Address, 17 Calumet St

E. J. Williams M. D.  
Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

April 2<sup>nd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Caroline

Gronau

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

7

Years,

Months,

14

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Single

Occupation,

None

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

198 1/2 East Pratt Street

Cause of Death, {

First, (Primary.)

Diphtheria

Second, (Immediate.)

Duration of Last Sickness,

5 Days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore City

Date of Burial,

April 4

James E. McShane M.D.,

Medical Attendant.

{ Undertaker,

Henry Sander

{ Place of Business,

252 Center Ave.

Address,

61 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

Permit No. 47166

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura E. Walker

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 32 Years, — Months, — Days.

Color, Negro

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Nil

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 2nd

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, { Give street and number } 22 Park Ave

Cause of Death, { First, (Primary.) } Pneumonia  
{ Second, (Immediate.) } 2 wks.

Duration of last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Lanel Cemetery

Date of Burial, April 13 81 D. Shatt M. D.

Medical Attendant.

{ Undertaker, William D. Dwyer

{ Place of Business, 62 East St Address, 1423 N. E. St

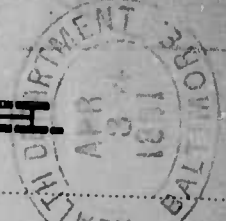
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out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



47167  
Date of Death, Apr 1 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kato Bohaska

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 63 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bohemia (12 mo in America)

Duration of Residence in the City of Baltimore, 12 mo

Place of Death, { Give street and number. } Joseph Hospital

Cause of Death, { First, (Primary.) Apoplexy  
Second, (Immediate.) \_\_\_\_\_ }

Duration of Last Sickness, 4 days  
All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, April 3<sup>rd</sup> 1881

{ Undertaker, A. Hubler

{ Place of Business, 244 E. Lombard

Geo J. Carter  
M.D.,  
Medical Attendant.

Address, 188 1/2 Calvert St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and is bound to present it, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *April 1<sup>st</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henrietta Brown*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *One* Years,  Months,  Days.

Color, *Black*

Married, *Single, Widow or Widower*, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *No 30 East N-*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Meningitis Acute*

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Samuel Cemetery*

Date of Burial, *April 3 1881*

Undertaker, *A. Wayman*

Place of Business, *13 Saratoga St.*

*W. L. Russell* M.D.,  
Medical Attendant.

Address, *Pradley & Madg*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

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No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *April 1 - 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *James. Grayson*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *32* Years, *—* Months, *—* Days.

Color, *Black*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } *Single*

Occupation, *Labourer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Charlottesville Va*

Duration of Residence in the City of Baltimore, *20 years.*

Place of Death, { Give street and number. } *#122 Madison alley.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Consumption*

Duration of Last Sickness, *8 months*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Ave*

Date of Burial, *April 3 - 1881* *Thos. A. Stenard* M.D.,

{ Undertaker, *Wm. H. Bishop* { *Commonwealth of Health*

{ Place of Business, *\* 97 Union Hill* { Address, *\* Registration*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

*Chas. S. Ind. & F. Stenard*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

42170  
April 2 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles B. Bang

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 29 Years,

Months,

Days.

Color,

Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Porter

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

59 John al

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Phthisis

6 months -

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Cathedral Cemetery

Date of Burial,

April 5th 1881

{ Undertaker,

Sam J. Gray

{ Place of Business,

65 Mulberry St

Alexander Inceley M.D.,  
Medical Attendant.

Address,

Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]



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No Permit for Burial Can be Obtained Without a Proper Certificate.

47171  
**CERTIFICATE OF DEATH.**

Date of Death, April 2<sup>nd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachel C Fairchild

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 60 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, color white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Delaware

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 48 Courtland St

Cause of Death, { First, (Primary.) Second, (Immediate.) } 1. Infarcted, 2. Heart trouble

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Delaware

Date of Burial, April 3d 1887

{ Undertaker, Jno. H. Weaver

{ Place of Business, Levyette St

John Jones M.D.  
Edw. & R. W. Alke M.D.,  
Medical Attendant.

Address, Common in P.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit Permit No. 2426

Permit No. 47172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



# CERTIFICATE OF DEATH.

Date of Death, April 3<sup>d</sup>. 9:15 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William J. W. Neidenich

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. } Male

Age, 29 Years, 3 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and number } No. 127 S. Fremont St.

Cause of Death { First, (Primary.) Second, (Immediate,) } Consumption

Duration of last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 5<sup>th</sup>

Undertaker, Mr. Miller

Place of Business, 127 South Fremont St. Address, M. E. Co. Columbus & Remond

James A. Aldrich, M. D.  
Medical Attendant.

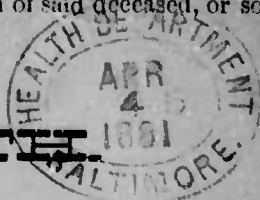
## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, April 3rd

Full Name of Deceased, Mary E. Tolson  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female  
Cross out the word not required in this line.

Age, 22 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, Single  
Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, Va  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, 249 William St  
Give street and number.

Cause of Death, Cardiac Degeneration (fatty)  
First, (Primary.)  
Paralysis  
Second, (Immediate.)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 5

Undertaker, B. Harle

Place of Business, 82 West St. Address, 313 Light St.

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



47174  
**CERTIFICATE OF DEATH.**

Date of Death, 3<sup>rd</sup> April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Welsh

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 43 Hillen

Cause of Death, { First, (Primary.) } Marasmus  
{ Second, (Immediate.) }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, April 4 1881 J. H. Welsh M.D.,

Medical Attendant.

{ Undertaker, F. Krause

{ Place of Business, Address, 57 Kan. St.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, April 3 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Douglas Brown

Sex, Male or Female, { cross out the word not required in this line. }

Age, 3 Years, 0 Months,  Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3 yrs 0 mos

Place of Death, { Give street and number } 4 N. Carey St

Cause of Death { First, (Primary.) Scarlet Fever  
Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 4" 1881

Undertaker, Denny & Mitchell

Place of Business, 350 N. Fayette St Address, 1 Waverley Corner

Geo. H. B. B. B. M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, according to the law, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

47176  
No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *April 3/81*

Full Name of Deceased, *George Johnston*  
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, ~~Male~~ or ~~Female~~, Cross out the word not required in this line.

Age, *28* Years, Months, Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.

Occupation, *Car Driver*

Birthplace, *Balt Md*  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *84 S. Carroll Ave*  
Give street and number.

Cause of Death, *Consumption*  
First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, *One year*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *April 5<sup>th</sup> 1881*

Undertaker, *S. M. Leonard & Son*

Place of Business, *782 W. Baltimore*

*W. H. Regester* M.D.,  
Medical Attendant.

Address, *W. H. Regester & Co. Baltimore*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



## OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 30. 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary AnnaSex, ~~Male~~ or Female, { cross out the word not required in this line. }Age, 75 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, whiteMarried, ~~Single~~ Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } GermanyDuration of Residence in the City of Baltimore, thirty yearsPlace of Death, { Give street and number } 103 Eastern Ave.Cause of Death, { First, (Primary,) Second, (Immediate,) } Senectus

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CemeteryDate of Burial, April 5th 1881{ Undertaker, Peter Frey{ Place of Business, 91 Etern AveA. D. Esich M. D.  
Medical Attendant.Address, 94 E. Broadway

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

but, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

47178  
No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *April 3<sup>rd</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Patrick J. Gue*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *24* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Widower*

Occupation, *Labourer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *28 Years*

Place of Death, { Give street and number. } *104 E. Sharp St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pneumonia*

Duration of Last Sickness, *5 Days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Patrick's Church*

Date of Burial, *April 4<sup>th</sup> 1881*

Undertaker, *W. A. Daiger*

Place of Business, *#45 Broadway* Address, *104 E. Sharp St.*

Medical Attendant, *J. G. Allen, M.D.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## 47179 CERTIFICATE OF DEATH.

Date of Death, *April 3<sup>rd</sup> 81*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mrs Mary McGarrell*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *77* Years, *—* Months, *—* Days.

Color, *White*

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Storekeeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Howard Co. Maryland*

Duration of Residence in the City of Baltimore, *1 1/2 years*

Place of Death, { Give street and number. } *S. E. Corner Scott & Pratt Sts*

Cause of Death, { First (Primary,) Second (Immediate,) } *General Debility & Old age*

Duration of Last Sickness, *about 6 weeks*

All the above information should be furnished by the Physician

Place of Burial, *Bellicott City*

Date of Burial, *April 5<sup>th</sup>*

Undertaker, *J B Cook*

Place of Business, *707 N Baker*

*H. W. Weber* M. D.  
Medical Attendant.

Address *298 W. Lombard St*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 47180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet Ann Wood Wright.

Sex, Male or Female, { cross out the word not required in this line. }

Age, 50 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Spinster.

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, all her life.

Place of Death, { Give street and number } No 232 Annapole Ave. Balt. Md.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Apoplexy  
Cerebr.

Duration of last Sickness, Felt ill during the afternoon died at about 11 P.M.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 4<sup>th</sup> 1881 E. Cleveland Osceola M. D.

Medical Attendant.

{ Undertaker, W. J. Jenkins & Son

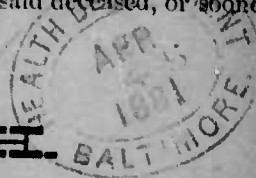
{ Place of Business, 75 N. Charles St Address, No 4 North Ave.

Extract from Regulations of the Board of Health to secure a full and correct  
Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *April 3rd 1881*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Margaret Marsha*

Sex, Male or Female, Cross out the word not required in this line. *Female*

Age, *4* Years, *7* Months, *11* Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the word not required in this line. *X X X*

Occupation, *X X X*

Birthplace, State or Country and how long in the United States, if of foreign birth. *Germany*

Duration of Residence in the City of Baltimore, *2 1/2 Months*

Place of Death, Give street and number. *308 N. Elders St.*

Cause of Death, First, (Primary.) *Pseudo Membranous*  
Second, (Immediate.) *Croup*

Duration of Last Sickness, *4 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Trini Cemetery*

Date of Burial, *April 5 1881*

Undertaker, *John Henry*

Place of Business, *382 Orleans St.* Address, *299 Baltimore St.*

*James E. Donnell* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 47182

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, April 3-1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Yeager

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 8 Years, 7 Months, — Days.

Color, —

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, 129 Lemon Alley

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 129 Lemon Alley

Cause of Death, { First, (Primary.) Second, (Immediate,) } (Sequence of Scarlatina & Diphtheria)  
Peritonitis (probably from diphtheritic ulcer of intestines perforating)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 16<sup>th</sup> 1881

Undertaker, John P. Paulus

Place of Business, No 66 Freda Ave

Address, 642 W. Fayette St

Medical Attendant, C. C. McDowell M. D.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



Permit No. 47183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Apr 2<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Short

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 5 2 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Labourer

Birthplace, { State or country, (and how long in the United States. if of foreign birth. ) } A. A. Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number }

104 S Green St  
Pulmonary Tuberculosis  
" Haemorrhage

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Sudden

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 4<sup>th</sup> 1881

{ Undertaker, John H. Scher, }

{ Place of Business, Pica & Brandon St }

J. H. Gurney

M. D.

Medical Attendant.

Address, 76 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

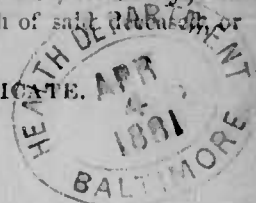
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



47184  
**CERTIFICATE OF DEATH.**

Date of Death,

April 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Maria Gibbs  
Fernal

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

60

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

None

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

St. Marys Co. Md.

Duration of Residence in the City of Baltimore,

40 yrs

Place of Death, { Give street and number. }

13 High Alley  
Paralysis

Cause of Death, {

First (Primary),

Second (Immediate),

Duration of Last Sickness,

1/2 yrs.

All the above information should be furnished by the Physician.

Place of Burial,

Arbury Cemetery

Date of Burial,

April 5th 1881

{ Undertaker,

Theo J Locks

{ Place of Business,

133 Jefferson St

Address

John H. Conner M. D.  
Medical Attendant.

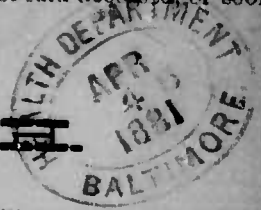
**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician who attended any person in his last illness is responsible for the presentation of this Certificate, bearing testimony  
out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner,  
if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



47185 **CERTIFICATE OF DEATH.**

Date of Death, April 2nd 1881.  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Wesley Chapple.  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, 10 Years, 5 Months, 5 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Student

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 177 Mullikin St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Tuberculous Meningitis

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Lanier Cemetery

Date of Burial, April 4th 1881

Undertaker, Thos J. Lock

Place of Business, 133 Jefferson St

D. M. Cathell M.D.,  
Medical Attendant.

Address, 2 MB Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]



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No Permit for Burial Can be Obtained Without a Proper Certificate.



47186

## CERTIFICATE OF DEATH

Date of Death, April 2, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel J. Krazier

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 60 ~~X~~ Years, 9 Months, 1 Days.

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Co. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 43 S. B. St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cancer of Stomach  
& Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cymetery

Date of Burial, April 5<sup>th</sup> 1881

{ Undertaker, Hercules Rofz

{ Place of Business, 95 Conway St.

G. G. Link

M.D.,

Medical Attendant.

Address, Balt. & Annapolis St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

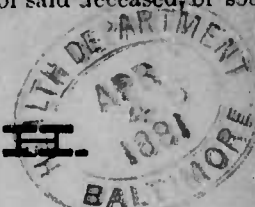
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[OVER.]

The Physician who attended any person in a last illness is responsible for the correctness of the information furnished out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *April 2<sup>nd</sup>, 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Walter Holmer*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *9* Years, *9* Months, *—* Days.

Color, *Black*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } *None*

Occupation, *None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *322 Montgomery St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Natural Pneumonia*

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 4, 1887*

*L. R. Wilby* M.D.,  
Medical Attendant.

{ Undertaker, *S. Theobald* Place of Business, *1984 Howard St* } Address, *158 Hanover St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

47188  
BALTIMORE

Date of Death, *April 4th 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Joseph Brown*

~~Sex~~, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *—* Years, *Two (2)* Months, *Twenty five (25)* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *405. West Pratt St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Marasmus*

Duration of Last Sickness, *From day definitely*

All the above information should be furnished by the Physician.

Place of Burial, *St. Denis Ch.*

Date of Burial, *April 5 1881*

*W. H. L. M.D.,*  
Medical Attendant.

{ Undertaker, *Henry Hock*

{ Place of Business, *307 N. Calhoun St.* Address, *307 N. Calhoun St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]



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No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

April 4/89

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ann Rowley

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

80 Years,

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

None

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Balt. City

Duration of Residence in the City of Baltimore,

During lifetime

Place of Death,

{ Give street and number. }

32 Gough St.

Cause of Death,

{ First, (Primary.) }

Old age

{ Second, (Immediate.) }

Dropsy

Duration of Last Sickness,

3 m.

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt. Cemetery

Date of Burial,

April 6th 1889

C. W. Mansfield

M.D.,

Medical Attendant.

{ Undertaker,

Denny & Mitchell

{ Place of Business,

105 S. Broadway

Address,

117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

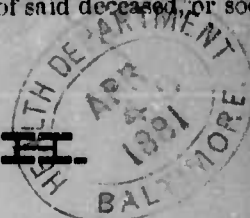
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[OVER.]

out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, *April 4, 1891*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Anthony*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *about 8* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *life*

Place of Death, { Give street and number. } *St. Vincent's Hospital, Baltimore*

Cause of Death, { First, (Primary.) *Opium narcosis*  
Second, (Immediate.) *asphyxia* }

Duration of Last Sickness, *when received*

All the above information should be furnished by the Physician.

Place of Burial, *Home Bury*

Date of Burial, *April 5, 1891*

{ Undertaker, *Dr. Brammigan*

{ Place of Business, *103 Division St.* Address, *68 McCall St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, April 3, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } St. Vincent Infant Asylum

Cause of Death, { First, (Primary.) Conjunctive Syphilis Second, (Immediate.) Spasm }

Duration of Last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 5, 1881

{ Undertaker, Mr. Brannigan }

{ Place of Business, 176 Division St. Address, St. Vincent Infant Asylum

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]



OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47192

47192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



# CERTIFICATE OF DEATH.

Date of Death, April 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles W. A. Coulner

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 2 Years, 5 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 145 S. Sterling St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlet Fever

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 5th E. H. Ruedel M. D. Medical Attendant.

Undertaker, E. C. Schelling

Place of Business, Ashland Square Address, 157 W. 1st St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER]

Permit No. 47193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Robert W Hamell

Sex, Male or Female, { cross out the word not required in this line. }

Age, 14 Years, \_\_\_\_\_ Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore, His entire life

Place of Death, { Give street and number }

546 N Gay St

Cause of Death { First, (Primary.)

Severe Cold

Second, (Immediate.)

Conspicuous general Hepatitis chronic

Duration of last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 5<sup>th</sup>

W. Hammond

M. D.

Medical Attendant.

Undertaker, Geo Schelling

Place of Business, Ashland Square

Address, 64 N Paca St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

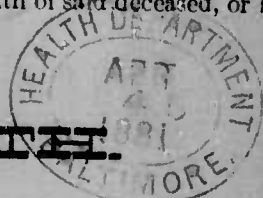
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[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *April 4/81*  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ellis C. Graham.*  
Sex, ~~Male or Female~~, { Cross out the word not required in this line. }  
Age, *48* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, *White*  
Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }  
Occupation, *Restaurant*  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balti.*  
Duration of Residence in the City of Baltimore, *Life-time*  
Place of Death, { Give street and number. } *13 Hebert ally*  
Cause of Death, { First, (Primary.) Chronic alcoholism. Second, (Immediate.) Acute asphyxia of lungs & Brain 4 days. }  
Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*  
Date of Burial, *April 5th*  
Undertaker, *Geo Schilling*  
Place of Business, *Ashland Square* Address, *169 N. Calvert St.*  
Medical Attendant, *Edward P. McDevitt* M.D.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]



out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47195



## CERTIFICATE OF DEATH.

Date of Death, *April 4th 81*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Caroline Brinkhoff*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *71* Years, *6* Months, *18* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *12 years*

Place of Death, { Give street and number. } *11 Baker's Court*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Carcinoma pylorus*

Duration of Last Sickness, *6 to 8 months*

All the above information should be furnished by the Physician.

Place of Burial, *Green Hill Park cemetery*

Date of Burial, *April 5*

Undertaker, *J B Cook*

Place of Business, *707 West Baltimore* Address, *226 Guilkey St*

Medical Attendant, *James C. Brown* M.D.,

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[OVER.]

Permit No. 47196

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 4<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida M. Heath

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 25 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Harvard County, Maine

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, { Give street and number } 20 South Carey St

Cause of Death, { First, (Primary,) Drowning, Churn, etc.  
Second, (Immediate,) 2 Weeks

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Liberty Avenue

Date of Burial, April 5<sup>th</sup> M. D.

Undertaker, McEeth & Shields Medical Attendant,

Place of Business, 60 Carrollton Ave Address, 28 E. Calver St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

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No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, *April 4, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Anna Kent*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *10* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *2 1/2 Years*

Place of Death, { Give street and number. } *199 South*

Cause of Death, { First, (Primary.) *Meningitis cerebro-spinalis*  
Second, (Immediate.) *Tetanus* }

Duration of Last Sickness, *8 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cemetery*

Date of Burial, *5th April 1881*

{ Undertaker, *Wm. Nicholas*

{ Place of Business, *253 Olive Street*, Address, *Wm. Nicholas*

*J. J. Johnson* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



## OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Ruff

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 2 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } Chesnut st 120

Cause of Death, { First, (Primary.) Second, (Immediate.) } Bronchitis Leething  
Convulsions

Duration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 4th

E. B. Baldwin

M. D.

Medical Attendant.

Undertaker, Abraham Wagoner

Place of Business, 13 Lafayette

Address, 124 1/2 E. E. st

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 47199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 3 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Hennie Laupheimer

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age,

35

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation,

Birthplace, { State of country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

706 N. Carey St

Cause of Death

First, (Primary)

Second, (Immediate)

Causes of diphtheria & bowels

Duration of last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial, 706 N. Carey St Cong. Cem.

Date of Burial, April 5<sup>th</sup>

Undertaker,

Chas. Hollander & Son

Place of Business,

22 N. Pratt St

Address,

Dr. E. Blagden M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47200

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Fredericka Pahn

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 38 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number } No 450 Canton Avenue

Cause of Death, { First, (Primary.) } (Hypertrophy, with Dilatation) of Heart  
{ Second, (Immediate,) } Dropsy (general)

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Church

Date of Burial, April 5th 1881

Undertaker, Thomas J. Evans M. D.  
Medical Attendant.

Place of Business, 352 Broadway

Address, Jackson Place No 22

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



ut, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

47201  
HEALTH DEPT. APR 5 1887 BALTIMORE

Date of Death, *April 3rd 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Georgiana Carter*  
*Margaret*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *3* Years, *9* Months, *26* Days.

Color, *Colored*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Schoolgirl*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *13 years*

Place of Death, { Give street and number. } *King St. cor Green*

Cause of Death, { First, (Primary.) } *Pneumonia*  
{ Second, (Immediate.) }

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Tru Sharpst Burial Ground*

Date of Burial, *April 5th 1887*

{ Undertaker, *S.W. Chase*

{ Place of Business, *Howard + Hill* Address, *Balto Infirmary*

*W. A. Hollingworth M.D.,*  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *April 3<sup>rd</sup> 1881*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Jno. W. Allsup*

Sex, Male or Female, Cross out the word not required in this line.

Age, *22* Years, Months, Days.

Color, *Black*

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, *Oyster Shucker*

Birthplace, State or Country and how long in the United States, if of foreign birth. *Baltimore*

Duration of Residence in the City of Baltimore, *All his life*

Place of Death, Give street and number. *56 Burgundy Alley*

Cause of Death, First, (Primary.) *Consumption*  
Second, (Immediate.)

Duration of Last Sickness, *4 Months*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 5<sup>th</sup> 1881*

Undertaker, *S. W. Chase*

Place of Business, *148<sup>th</sup> Howard St.*

*Thos. F. Owens* M.D.,  
Medical Attendant.

Address, *No 57, N. Race St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *Apr 3 1881*

Full Name of Deceased, *Charles Graves*

Sex, Male or Female, *Male*

Age, *0* Years, *8* Months, *1* Days.

Color, *Black*

Married, Single, ~~Widow~~ or ~~Widower~~, *Single*

Occupation, *md*

Birthplace, *md*

Duration of Residence in the City of Baltimore, *28*

Place of Death, *28 Boston St.*

Cause of Death, *convulsions from teething*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Paul Cemetery*

Date of Burial, *April 5 1881*

Undertaker, *W. Chase*

Place of Business, *198 Howard St.*

*G. Lane Danneberg* M.D.,  
Medical Attendant.

Address, *129 W. Reddell*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47204

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 7 Years,

Months, —

Days, —

Color,

Colored

~~Married~~, Single, Widowed, ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, April 5 - 1887

{ Undertaker, S. W. Chase

{ Place of Business, 196 Howard St

Convulsions  
Life

Alexander Wisley M.D.,

Address,

Coroner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

*47205*  
Date of Death, *April 1<sup>st</sup> 1881*  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sarah A. Barber*  
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }  
Age, *—* Years, *—* Months, *5* Days.  
Color, *Colored*  
~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }  
Occupation, *—*  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balto.*  
Duration of Residence in the City of Baltimore, *Life*  
Place of Death, { Give street and number. } *4 Morris Alley Court*  
Cause of Death, { First, (Primary.) } *Jamudice*  
{ Second, (Immediate.) }  
Duration of Last Sickness, *5 days.*  
All the above information should be furnished by the Physician.  
Place of Burial, *Lambert Cemetery*  
Date of Burial, *April 5<sup>th</sup> 1881*  
{ Undertaker, *George T. Giles* }  
{ Place of Business, *—* }  
Medical Attendant, *Eldridge C. Rice M.D.,*  
Address, *262 Madison St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *April 3rd. 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henry Weber*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *23* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *Cigar Maker*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *9 Years*

Place of Death, { Give street and number. } *269 Canton Avenue*

Cause of Death, { First, (Primary.) *Phthisis Pulmonalis*  
Second, (Immediate.)

Duration of Last Sickness, *Six Months* *Unaided*

All the above information should be furnished by the Physician.

Place of Burial, *Old Carmel Cemetery*

Date of Burial, *April 5th 1881*

{ Undertaker, *Caspar Eckhardt*

{ Place of Business, *269 Canton Ave* Address, *2498 Baltimore St.*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 47207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 4 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Brown

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 Years, 2 Months, Days.

Color, E

Married, Single, Widows or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Parish ally north of Patterson Ave

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number } 2 Parish ally between St. Paul & Wm. Howard

Cause of Death { First, (Primary,) Consumption of Lungs  
Second, (Immediate,) }

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Shank's Cemetery

Date of Burial, April 5, 1891

Undertaker, William H. Dungee

Place of Business, 10 Station St. Address,

G. W. Ames M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANEY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *April 2nd 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Wm Thomas*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *31* Years, *0* Months, *0* Days.

Color, *Dark brown*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *Laborer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *State of Virginia*

Duration of Residence in the City of Baltimore, *12 years*

Place of Death, { Give street and number. } *314 Raborg*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Unknown*  
*Emphysema of Lungs*

Duration of Last Sickness, *One Week*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

Date of Burial, *April 5. 1881*

Undertaker, *William Dungee*

Place of Business, *62 East St*

*B F Bohrer* M.D.,  
Medical Attendant.  
*+ Dolphin St*  
Address, *Cor Druid Hill av*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 5<sup>th</sup> 1891.Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Christian LorenzSex, Male ~~Female~~, { cross out the word not required in this line. }Age, 68 Years,      Months,      Days.Color, WhiteMarried, ~~Singl~~ ~~Widow~~ Widower, { Cross out the word not required in this line. }Occupation, FarmerBirthplace, { State or country, (and how long in the United States, if of foreign birth. } GermanyDuration of Residence in the City of Baltimore, Thirty-three yearsPlace of Death, { Give street and number } 484 Canton AveCause of Death, { First, (Primary,) Second, (Immediate,) } Acute PneumoniaDuration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew's Cem.Date of Burial, April 6<sup>th</sup>Undertaker, Henry SanderPlace of Business, 252 Canton Ave Address, 94 St Broadway

A. F. Enich M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47210  
**CERTIFICATE OF DEATH.**



Date of Death, *April the 4<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Peter Henry Feldhausen*

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, *49* Years, *11* Months, *4* Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Laborer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *9 years*

Place of Death, { Give street and number. } *432 Canton Ave*

Cause of Death, { First, (Primary.) *Phthisis pulmonum*

Second, (Immediate.) *Marasmus*

Duration of Last Sickness, *6 months*

All the above information should be furnished by the Physician.

Place of Burial, *Esquimaux Cem.*

Date of Burial, *April 5<sup>th</sup>*

{ Undertaker, *Henry Sander*

{ Place of Business, *252 Canton Ave*

*J. F. M.D.*  
Medical Attendant

Address, *252 Canton Ave*

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 4<sup>th</sup> April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Eliza Ann Lane

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 68 Years, 7 Months, — Days.

Color, White Sex

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, { Give street and number. } 96. S. Sharp St.

Cause of Death, { First (Primary),  
Second (Immediate), } Hemiplegia  
two weeks

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, April 6<sup>th</sup> 1881

{ Undertaker, John Macdon  
Place of Business, Port & Liberty

H. W. Oving M. D.  
Medical Attendant.

Address 274 Madison Ave

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, *April 5<sup>th</sup> 1881*  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Robert Moore*  
Sex, Male ~~or Female~~, { Cross out the word not required in this line. }  
Age, *34* Years, Months, Days.

Color, *white*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Carpenter*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Balt*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

*No 45 Gay St. Res 184 N 7<sup>th</sup> Street*

Cause of Death, { First, (Primary.)

*Accidental fall from scaffold*

Second, (Immediate.)

*Fracture of skull (brain crushed)*

Duration of Last Sickness,

*Instant death*

All the above information should be furnished by the Physician.

Place of Burial *Baltimore Cemetery*

Date of Burial, *April 6<sup>th</sup> 1881*

*Edmund R Walker* M.D.,

Medical Attendant.

{ Undertaker, *John Maecher*

{ Place of Business, *No 2 Liberty St*

Address, *Corone Dr PS*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47213  
**CERTIFICATE OF DEATH**



Date of Death, *April 4th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Abraham James Crawford*

Sex, *Male* ~~Female~~, { Cross out the word not required in this line. }

Age, *Thirty-four* Years, *Two* Months, *Four* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } *Married*

Occupation, *Photographer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Kent Co. Maryland*

Duration of Residence in the City of Baltimore, *Two Years*

Place of Death, { Give street and number. } *183 William St.*

Cause of Death, { First, (Primary.) } *Phtisis Pulmonum*  
{ Second, (Immediate.) } *Exhaustion*

Duration of Last Sickness, *Attended case since March 2d, 81*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet*

Date of Burial, *April 5th 1881*

{ Undertaker, *Amstrong & Denny*

{ Place of Business, *263 Light St.*

*Dr. Launcy H. Barclay* M.D.,  
Medical Attendant.

Address, *47 Cornway St.*

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47214  
 The person who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soon after requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2<sup>nd</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Bassett

Sex, Male or Female, { cross out the word not required in this line. }

Age, 50 Years,  Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia,

Duration of Residence in the City of Baltimore, About 38 Years,

Place of Death, { Give street and number } 27 Amsterdam Lane

Cause of Death { First, (Primary,) Bright's Disease,  
 Second, (Immediate,)

Duration of last Sickness, About 5 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 5-11.

Undertaker, B. Hanks

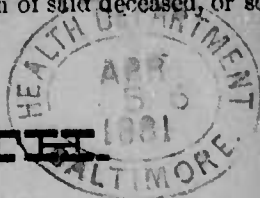
Place of Business, 82 West St. Address, S. B. White M. D.  
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



**CERTIFICATE OF DEATH**

Date of Death, *April 3<sup>rd</sup> 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Nancy Linthicum*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *92* Years, *3* Months, *25* Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *✓*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Dorchester Co., Md.*

Duration of Residence in the City of Baltimore, *3 years*

Place of Death, { Give street and number. }

*171 Lee, St. = remains will be removed to Dr Tall's, 153 Sharp St. from there to Dorchester Co. for interment.*

Cause of Death, { First, (Primary.) }

{ Second, (Immediate.) }

*old age =*

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *Dorchester Co., Md.*

Date of Burial, *Wednesday, April 6<sup>th</sup> 1881 =*

*R. J. H. Tall* M.D.,  
Medical Attendant.

{ Undertaker, *Armstrong & Denny*

{ Place of Business, *#263 Light St.*

Address, *153 S. Sharp St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*2128 Transit*



out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47216  
**CERTIFICATE OF DEATH.**

Date of Death, *April 4<sup>th</sup> 1881*  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elizabeth Lee*  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, *83-* Years, *1* Months, *1* Days.  
Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Scraper Ct. Md.*

Duration of Residence in the City of Baltimore, *28 Years*

Place of Death, { Give street and number. } *22 Heath St.*

Cause of Death, { First, (Primary.)  
Second, (Immediate.) } *Pneumonia*

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Cedar Hill Cemetery*

Date of Burial, *April 6<sup>th</sup>* *Frederic Leake* M.D.,  
Medical Attendant.

Undertaker, *F. N. Pratt*

Place of Business, *131 Hanover St.* Address, *146 Hanover St.*

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 277  
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH



Date of Death, *April 4th 1888*  
Full Name of Deceased, *Virginia Bul*  
Sex, Male or Female, *Female*  
Age, *33* Years, *10* Months, *18* Days.  
Color, *White*  
Married, Single, Widow or Widower, *Married*  
Occupation, *Horsekeeper*  
Birthplace, *Georgetown D.C.*  
Duration of Residence in the City of Baltimore, *13 years.*  
Place of Death, *141 Conway St.*  
Cause of Death, *Phthisis*  
*Pneumonia*  
Duration of last Sickness, *5 years.*  
All the above information should be furnished by the Physician.  
Place of Burial, *Western Cemetery*  
Date of Burial, *6*  
Undertaker, *Sam'l. Schloman*  
Place of Business, *200 Sharp*  
Address, *108 Sharp St.*  
M. D.  
Medical Attendant,

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH.

Date of Death, *April 4, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Marshall Owens*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *One* Year, *Eleven* Months, *Days.*

Color, *Colored* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *142 Tyson St. Balto. City*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } *142 Tyson St.*

Cause of Death, { First (Primary), Second (Immediate). } *Phthisis (a sequela of Pertussis)*

Duration of Last Sickness, *about 15 months*

All the above information should be furnished by the Physician.

Place of Burial, *Laird Cemetery*

Date of Burial, *April 6 1881*

Undertaker, *Thompson & Macbolen*

Place of Business, *Monroe St.*

Medical Attendant, *W. H. Thompson M. D.*

Address, *41 Orchard St.*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.



Date of Death, April 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophia Barbara Brandel

Sex, Male or Female, { cross out the word not required in this line. }

Age, 33 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

Married, Single, ~~Widowed~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give street and number } 131 N Bond St

Cause of Death { First, (Primary.) Second, (Immediate.) } Phthisis Pulmonalis  
Exhaustion

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 6th E Geo. Walls M. D. Medical Attendant.

Undertaker, James P Byrne

Place of Business, 63 N Howard Address, 27 N Broadway

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 417220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henrietta Jewig

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 70 Years, 5 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number } No 429 Canton Ave

Cause of Death, { First, (Primary.) Pneumonia (Chronic) }  
 { Second, (Immediate,) \_\_\_\_\_ }

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 6th

{ Undertaker, John Brown }  
 { Place of Business, 22 Canton Ave }

Thomas J. Evans, M. D.  
 Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, Apr. 4/81

{ Undertaker, J. A. Kerchner

{ Place of Business, 50 Hamilton Ave

Alexander Linsley M.D.,  
Medical Attendant.

Address, Coroner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



**CERTIFICATE OF DEATH.**

Date of Death, *April 4 81*  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Francis A. Prillupo*  
Sex, *Male* or Female, { Cross out the word not required in this line. } *Female*  
Age, *39* Years, *8* Months, *8* Days.  
Color, *White* Sex, *Female*  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*  
Occupation, *Walt. M.*  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Winnipeg*  
Duration of Residence in the City of Baltimore, *40 8. E. Fayette St.*  
Place of Death, { Give street and number. } *Phthisis Pulmonalis*  
Cause of Death, { First (Primary), Second (Immediate,)  
Duration of Last Sickness, *18 months*  
All the above information should be furnished by the Physician.  
Place of Burial, *Greenmount Cemetery*  
Date of Burial, *April 6 81*  
Undertaker, *Hy & Co* Address *67 W. Charles St.*  
Place of Business, *54 W Broadway*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47223  
**CERTIFICATE OF DEATH.**

Date of Death, *April 4, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John C. Coates*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *9* Years, *1* Months, *1* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Callimore*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *142 North St*

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) *Pneumonia*  
Second, (Immediate.) *Asthma* }

Duration of Last Sickness, *✓*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 5<sup>th</sup> 1881*

{ Undertaker, *Wm. N. Dunge*

{ Place of Business, *No 62 East St*

*W. S. Booz* M.D.,  
Medical Attendant.

Address, *206 Sharp St*

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

47224  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, *April 3d 1881*  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Oscar Tyler*  
Sex, Male or Female, { Cross out the word not required in this line. } *Male*  
Age, *8* Years, \_\_\_\_\_ Months, *3* Days.  
Color, *Cal* Sex, *Male*  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } \_\_\_\_\_  
Occupation, \_\_\_\_\_  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balt City State of Md.*  
Duration of Residence in the City of Baltimore, \_\_\_\_\_  
Place of Death, { Give street and number. } *No 187 Chestnut alley*  
Cause of Death, { First (Primary,) *Rheumatism*  
Second (Immediate,) *Pneumonia & Rheumatic Carditis*  
Duration of Last Sickness, *3 weeks*  
All the above information should be furnished by the Physician.  
Place of Burial, *Laurel Cemetery*  
Date of Burial, *April 5th 1881*  
{ Undertaker, *Wm N. Dunge*  
Place of Business, *No 62 East St*  
Address *No 134 Pearl St*  
James S. Fells M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47226  
**CERTIFICATE OF DEATH.**

Date of Death, April 4 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anton Ernst

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 62 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Stevor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 277 S. Dallas St.

Cause of Death, { First, (Primary.) Bright Disease  
Second, (Immediate.) 2 years }

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Stephen's Cemetery

Date of Burial, April 6th

{ Undertaker, Wm. Dippel  
Place of Business, Ch. Bond St. 157 }

Address, A. B. Arnold M.D.,  
Medical Attendant.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, April 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick K. Nollleber

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 3 1/2 Years, — Months, — Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Restaurateur

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, In B. prior to 1865 - Richmond since

Place of Death, { Give street and number } 151 Franklin St.

Cause of Death { First, (Primary.) Phthisis Pulmonalis  
Second, (Immediate,) Exhaustion

Duration of last Sickness, About 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, April 16<sup>th</sup> 1881 Robert W. Mifflin M. D.  
Medical Attendant.

Undertaker, Peter Rummel

Place of Business, 184 Saratoga St. Address, 184 Saratoga St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness is responsible for the correctness of the information furnished, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47227  
**CERTIFICATE OF DEATH**



Date of Death, *April 5th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John G. Newes*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *84* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Merchant*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Vermont*

Duration of Residence in the City of Baltimore, *49* Years

Place of Death, { Give street and number. } *No 38 S. Green St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Ced. Apo*

Duration of Last Sickness, *2 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mt. Cemetery*

Date of Burial, *April 7th 1881*

{ Undertaker, *John Schacher*

{ Place of Business, *Port & Liberty*

*Penobscot M. Noble* M.D.,  
Medical Attendant.

Address, *1203 N. Lombard St*

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Physician who attended any person in a last illness is responsible for the proper completion of this certificate, and for its transmission to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

April 4, 1887  
Bertha Higgins

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Five years Years, Months, Eighteen Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 6th

{ Undertaker, Meyer & Newman

{ Place of Business, 81 N Broadway

John L. Smith, M.D.,  
Medical Attendant.

Address, # 584 W. Fayette St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~bearing~~ *presenting* it out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *April 2<sup>nd</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *J P Ames printer*

Sex, Male or Female, { Cross out the word not required in this line. } *Identified as John M. Cook*

Age, *30 about* Years, Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *Printer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Transient Guest of Peppers Hotel*

Duration of Residence in the City of Baltimore, *Transient Guest of Peppers Hotel*

Place of Death, { Give street and number. } *Peppers Hotel*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pistol shot by himself*  
*Wound the brain*

Duration of Last Sickness, *30 minutes*

All the above information should be furnished by the Physician.

Place of Burial, *Harleston Rd*

Date of Burial, *April 5 1881* *Edmund R Walker* M.D.,  
Medical Attendant

Undertaker, *Amesbury & Son*

Place of Business, *Corner m P D*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*2129*

out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ <sup>four</sup> hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47230  
**CERTIFICATE OF DEATH.**



Date of Death, *April 4<sup>th</sup> 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Henry Stokes*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *40,* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *Musician*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *About 20 years*

Place of Death, { Give street and number. } *# 6 Pricess Court*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Bronchitis & Typhoid fever*  
*Exhaustion*

Duration of Last Sickness, *Two days*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 5<sup>th</sup> 1881*

{ Undertaker, Abraham Wayman

{ Place of Business, # 13 Saratoga St

*Sam'l J. Belth* M.D.,  
Medical Attendant.

Address, *# 134 N. York St*

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47231  
**CERTIFICATE OF DEATH**



Date of Death,

April 5<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Dorothy R. Mueller.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

46 Years,

3 Months,

17 Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Hanover, Germany,

Duration of Residence in the City of Baltimore,

28 years,

Place of Death,

{ Give street and number. }

N. E. Cor. Eutaw & Cross.

Cause of Death,

{ First, (Primary.) }

Ch. Bright's Disease

{ Second, (Immediate.) }

Pneumonia

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cem.

Date of Burial,

April 7<sup>th</sup> 1881

R. J. N. Tall M.D.,

Medical Attendant.

{ Undertaker,

Julius Kochler

{ Place of Business,

Sharp & Cross St.

Address,

15-2 Sharp & Cross St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 5 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Beck

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 84 Years, 2 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, House Wife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, { Give street and number } General Adymanica

Cause of Death, { First, (Primary.) Second, (Immediate.) } 106 Eastern Ave

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 7th 1881 A. J. G. Spritzer M. D.

Undertaker, Peter Frey Medical Attendant.

Place of Business, 91 Eastern Ave Address, 11 S. High St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *April 3rd 1881*

Full Name of Deceased, *Joseph Dabry*  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, *Male*  
Cross out the word not required in this line.

Age, *67* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, *Married*  
Cross out the word not required in this line.

Occupation, *Collector*

Birthplace, *Baltimore City*  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, *24 Jackson St.*  
Give street and number.

Cause of Death, *Valvular Heart disease*  
First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, *Two months*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount Cemetery*

Date of Burial, *April 7th*

Undertaker, *Geo Schilling*

Place of Business, *At Land-Square*

Medical Attendant, *James E. Donnell M.D.*

Address, *29 E. Baltimore St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 47234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Percy Grant

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, One Months, 14 Days.

Color, cel

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } McDonough St 275

Cause of Death, { First, (Primary) Second, (Immediate,) } Immunity  
Convulsion

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 6 E. C. Baldwin M. D.  
Medical Attendant.

{ Undertaker, Charles A. White

{ Place of Business, 35 Nassau St Address, 124 N. E. St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 47235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, April 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Susan Whiting

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 31 Years, \_\_\_\_\_ Months, 20 Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Oakley Fauquier Co Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number } 143 Sanvale St- Balto. Md

Cause of Death { First, (Primary.) Acute Rheumatism  
Second, (Immediate,) Heart disease

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Co Va

Date of Burial, Apr 7<sup>th</sup> 1881

Undertaker, J. W. Jenkins & Son

Place of Business, No 75 N Charles

Guy F. Whiting M. D.  
Medical Attendant.

Address, 143 Sanvale St. City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

2131. Transit

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47236  
**CERTIFICATE OF DEATH**



Date of Death,

April 2<sup>nd</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emily Hall

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

5

Months,

Days.

Color,

Bright

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Not Known

Duration of Residence in the City of Baltimore,

4 Months

Place of Death,

{ Give street and number. }

57 St Paul St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Pulmonary Tuberculosis  
4 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

April 6<sup>th</sup> 1881

{ Undertaker,

Pat Mullin

{ Place of Business,

---

J. F. Ward

M.D.,

Medical Attendant.

Address,

127 St Paul St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, April 6 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Lancaster

Sex, Male or Female, { cross out the word not required in this line. } female

Age,        Years,        Months, 8 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City 450 E. Fayette St

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number } 450 E. Fayette St

Cause of Death, { First, (Primary.) Second, (Immediate,) } 7 months fetus

Duration of last Sickness,       

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Cemetery

Date of Burial, April 6 1887

{ Undertaker, Fry & Co }

{ Place of Business, 34th Broadway Address, 271 V. Broadway }

M. D.  
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

47238  
HEALTH DEPARTMENT  
APR 6 1881  
BALTIMORE

Date of Death, *April 4<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Edward Donnelly*

Sex, *Male* or ~~Female~~, { Cross out the word not required in this line. }

Age, *49* - Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

~~Married~~, *Single*, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Canvasser*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *37 yrs.*

Place of Death, { Give street and number. } *204 S. Charles St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Asthma*  
*Heart Disease (valvular)*

Duration of Last Sickness, *under treatment 4 days* { Suffering for some years. }

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cem*

Date of Burial, *April 6<sup>th</sup> 1881*

*R. J. N. Tall* M.D.,  
Medical Attendant.

{ Undertaker, *Armstrong & Denny* }

{ Place of Business, *263 Light St.* } Address, *152 Sharp St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

47239

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *April 4<sup>th</sup> 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elizabeth Herold.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Twenty* Years, *one* Month, *Days.*

Color, *White.*

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *None.*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Snow Hill, Worcester Co. Maryland.*

Duration of Residence in the City of Baltimore, *Fifty three years.*

Place of Death, { Give street and number. } *294 Canton Avenue*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pneumonia.*

Duration of Last Sickness, *Three days.*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*

Date of Burial, *April 6<sup>th</sup> 1881*

*Nicholas L. Dashiell, M.D.,*  
Medical Attendant.

{ Undertaker, *W. A. Daiger*

{ Place of Business, *745 B'way* Address, *207 S. Broadway.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47240

## CERTIFICATE OF DEATH.

Date of Death,

April 5<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sarah L. Walker

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

52

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Widow

Occupation,

Public School Teacher

Birthplace,

State or Country and how long in the United States, if of foreign birth.

U.S. Mississippi U.S.

Duration of Residence in the City of Baltimore,

about 40 years

Place of Death,

Give street and number.

161 Gough St.

Cause of Death,

First, (Primary.)

Consumption - Inflammatory

Second, (Immediate.)

Asthenia - Pleurisy

Duration of Last Sickness,

Four (4) months

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery.

Date of Burial,

April 7<sup>th</sup> 1881

Jos. S. Lough

M.D.,

Medical Attendant.

Undertaker,

M. A. Daiger

Place of Business,

74 S. B'way

Address,

17 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, April 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick Belok

Sex, Male or Female, { cross out the word not required in this line. }

Age, 65 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Flagman - B. & O. R. R. Co.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland -

Duration of Residence in the City of Baltimore, 27 years -

Place of Death, { Give street and number } No 53. Hancock St. Local Point,

Cause of Death { First, (Primary.) Second, (Immediate.) } General Debility -

Duration of last Sickness, Four (4) months,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 6<sup>th</sup> 1881

Undertaker, M. A. Baig

Place of Business, 74 S. Broadway Address, 237. Gough St

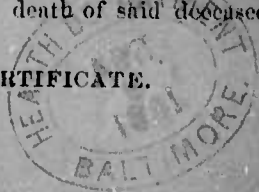
A. S. Clarke M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



47242

## CERTIFICATE OF DEATH.

Date of Death, *Tuesday Sep 5<sup>th</sup> 1881*  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Trinfield Zeig*  
Sex, Male or Female, { Cross out the word not required in this line. } *Male*  
Age, \_\_\_\_\_ Years, *6* Months, *11* Days.  
Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *Cor. Calvert & Pleasant St.*

Cause of Death, { First (Primary.)  
Second (Immediate,) } *Malignant Scarred Throat*

Duration of Last Sickness, *Brinky - four hours*

All the above information should be furnished by the Physician.

Place of Burial, *Balt. Cemetery*

Date of Burial, *Thursday April 7/81*

Undertaker, *J. Schilling*

Place of Business, *Monument & Aisles*

Address *57. W. Calvert St.*

*Baltimore Md*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

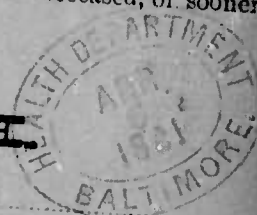
[OVER.]



out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



47243

Date of Death,

April 5-2, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maria H. Bell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 10 Months, 16 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

# 121 S. Poppleton St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

"Diphtheria" 12 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, Apr 6<sup>th</sup> 1881

Undertaker, Geo. B. Leach

Place of Business, 10707 Baltimore Street

Address, 584 W. Fayette St.

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 5, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John J. Graver

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 61 Years, Months, Days.

Color, White Sex, Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Street Paver

Birthplace, { State or country (and how long in the United States, if of foreign birth. ) } Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give street and number. } No 17 Sterrett St

Cause of Death, { First (Primary,) Second (Immediate,) } Congestion of Lungs  
Dropsy

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery B. J. Herman M. D.

Date of Burial, April 6 1881 Medical Attendant.

{ Undertaker, Wm B. Coak Address 175 N. Carey St

{ Place of Business, No 707 N. Baltimore Street

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, April 4<sup>th</sup> 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Howard Hopkins Sellers

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

64 N Poppleton St Balt

Duration of Residence in the City of Baltimore, \_\_\_\_\_

His entire life

Place of Death, { Give street and number }

64 N Poppleton St

Cause of Death { First, (Primary,) \_\_\_\_\_  
Second, (Immediate,) \_\_\_\_\_

Very feeble at birth  
Exhaustion

Duration of last Sickness, \_\_\_\_\_

Ill only a few hours

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Apr 6<sup>th</sup> 1888

Undertaker, Jos B. Cook

Place of Business, No 707 N Baltimore Street

M. D. Hammond M. D.  
Medical Attendant.

Address, 64 N Paca St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



## OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 5<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Ann PrattSex, Male or Female, { cross out the word not required in this line. }Age, 2 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, ColoredMarried, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 23 Mullikin St.Cause of Death, { First, (Primary.) Second, (Immediate.) } ConsumptionDuration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Cornel CemeteryDate of Burial, April 7<sup>th</sup> 1881 E. B. Tenby M. D.

Medical Attendant.

{ Undertaker, Theo J. Locks{ Place of Business, 23 Jefferson Address, 319 N. Central Ave.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 21st 1881

Full Name of Deceased, <sup>{ Write legibly and spell correctly. If an infant not named, give names of parents. }</sup> James W. Curran

Sex, Male or Female, <sup>{ cross out the word not required in this line. }</sup> Male

Age, 52 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Caucasian

Married, Single, Widow or Widower, <sup>{ Cross out the word not required in this line. }</sup> Married

Occupation, Cigar Vendor

Birthplace, <sup>{ State or country, (and how long in the United States, if of foreign birth. }</sup> Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, <sup>{ Give street and number }</sup> 10 North St

Cause of Death, <sup>{ First, (Primary.) Second, (Immediate.) }</sup> Pneumonia  
2 Years

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 6th 1881 A. C. Stein M. D.  
Medical Attendant.

{ Undertaker, John W. Locks

{ Place of Business, 25 S. Wolfe St Address, 195 N. Eden St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER]

to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or to the Board of Health, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47248

## CERTIFICATE OF DEATH

Date of Death, April 4<sup>th</sup> 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Brown (Widow)  
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female  
Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, one Day.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } # 115<sup>th</sup> York St.

Cause of Death, { First, (Primary.) Emaciation  
Second, (Immediate.) \_\_\_\_\_

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, April 6<sup>th</sup> 1881

Undertaker, J. A. Kerchner

Place of Business, \_\_\_\_\_ Address, Comm. of Health & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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Ch. by Jas. V. F. Patrick

[OVER.]



Permit No. 47249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Apr. 5<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Caroline J. Phil

Sex, Male or Female,

{ cross out the word not required in this line. }

Age,

57

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number }

Cause of Death

{ First, (Primary.)

{ Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

Balto. Gen.

April 7<sup>th</sup> 81

Wm. H. Steckman

234 N. Gay St.

H. T. Remolds

M. D.

Medical Attendant.

Address, 186 Disquith St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

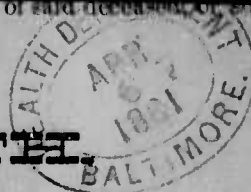
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[OVER.]

out, by the Undertaker or other person superintending the burial, if requested so to do, under penalty of law.

forty hours after the death of said deceased, or earlier,

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

April 5<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Susan R. Cain

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

8

Months,

Days.

Color,

Caucasian

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Bach - Md

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

26 Josephine St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Bruchitis Papularis  
Athenia  
of du

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 6<sup>th</sup> 1881

Undertaker,

Wm H Bishop Jr.

Place of Business,

97 Druid St. av.

Address,

Wm H Bishop Jr.  
97 Druid St. av.

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47251

## CERTIFICATE OF DEATH



Date of Death,

April 6<sup>th</sup> 1887

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mrs. F. E. Columbia Meyer

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Female

(Parents)

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

M.D.,

Undertaker,

Place of Business,

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Physician who attended the deceased, or the Coroner, shall fill out, to the Undertaker or other person superintending the burial, within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

47252

## CERTIFICATE OF DEATH.

Date of Death, April 5<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos. Calverall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 3 Months, — Days.

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Boat M<sup>n</sup>

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 186 Mulberry St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cerebral Pneumonia (Supposed)

Duration of Last Sickness, abt 6 days

All the above information should be furnished by the Physician.

Place of Burial, Calverall's Cem

Date of Burial, April 5<sup>th</sup>

Undertaker, Theodore of Goets

Place of Business, 13 Jefferson St Address, 62 N 3rd St

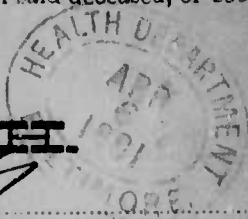
Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

out, to the Undertaker or other person superintending the burial, within the time specified in this certificate, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

April 6<sup>th</sup> 1889

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

P. A. Oreal

Sex, Male or Female,

Cross out the word not required in this line.

Age,

about 67

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

not known

Occupation,

not known

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Ireland

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

Give street and number.

University Hospital

Cause of Death,

First, (Primary.)

Epithelioma of mouth

Second, (Immediate.)

asthenia

Duration of Last Sickness,

about 3 months

All the above information should be furnished by the Physician.

Place of Burial,

Pikeville Balto. County

Date of Burial,

April 7<sup>th</sup> 1889.

M.D.,

Medical Attendant.

Undertaker,

Adam Weidemeyer

Place of Business,

518 W. Baltimore

University Hospital

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

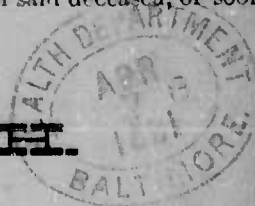
SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

out, to the Undertaker or  
if requested so to do, under penalty of law.

death of said deceased, or sooner,

No Permit for Burial can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

47254  
Date of Death, April 6<sup>th</sup> 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } C G B Deninger  
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }  
Age, 46 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, white  
~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }  
Occupation, Druggist  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany - 21 years in U.S.  
Duration of Residence in the City of Baltimore, 20 years  
Place of Death, { Give street and number. } 236 N Broadway  
Cause of Death, { First, (Primary.) Bright's Disease  
{ Second, (Immediate.) Convulsion probably (found dead in bed)  
Duration of Last Sickness, sudden death  
All the above information should be furnished by the Physician.  
Place of Burial, Balt. Cemetery  
Date of Burial, April 7<sup>th</sup> 1881 Edmund R Walker M.D.,  
Medical Attendant.  
{ Undertaker, Henry Schultze  
{ Place of Business, 261 Monument St Address, corner M & D

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Physician who attended the deceased, or the Undertaker, or other person superintending the burial, shall, if requested so to do, under penalty of law, furnish a certificate, accurately filled out, to the Undertaker or other person superintending the burial, of the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

47255  
Date of Death, 6 April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Bonhage

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 Years, 7 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number }

Cause of Death { First, (Primary.)

Second, (Immediate.)

Duration of last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 7

Undertaker, Goodrich & Co.

Place of Business, 121 N. Front St.

J. M. P. Bates

M. D.  
Medical Attendant.

Address, 1/2 S. E. St. Jk

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 41

The Physician who attended any person dying in this city, shall, upon the request of the Undertaker, or other person superintending the burial, furnish within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, April 6, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret E. Bawer

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 55 Years, 8 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Kingdom Bavaria, Muenzberg Co. Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give street and number } 492 Lexington St

Cause of Death { First, (Primary.) } Bronchitis

{ Second, (Immediate,) } Consumption

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, Apr 8, 1881

Undertaker, J. B. Cook

Place of Business, No 717 1/2 Baltimore Street

J. A. Gillis M. D.  
Medical Attendant.

Address, 150 N. E. Street

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

out, to the Undertaker, if requested so to do, under

No Permit for

and deceased, or

47257

# CERTIFICATE OF DEATH



Date of Death,

April 4<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Gennie Holliday

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

3

Months,

Days.

Color, ~~red~~

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

7 Npton St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Pneumonia

Duration of Last Sickness,

3 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

April 7/81

James A. H. M.D.

Undertaker,

Hensley & Madden

Place of Business,

Archway St

Address

Cornwall St  
Health Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Examined by Geo. A. Brown  
Inspector



Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. Oliver Homer

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 42 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Black

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } Union Protestant Church

Cause of Death { First, (Primary,) Heart Disease  
Second, (Immediate,) General Paralysis

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Union Protestant Church

Date of Burial, April 7<sup>th</sup> 1881 M. D.

Medical Attendant.

{ Undertaker, C. W. Berger

{ Place of Business, 207 Bazaar

Address, 92 N. E. St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DILLON & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *April 5, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Emma Eckelle Penn*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *1* Years, *5* Months, *16* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *all her life*

Place of Death, { Give street and number. } *153 Battery Avenue*

Cause of Death, { First (Primary), Second (Immediate.) } *Measles*  
*Pneumonia*

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Auburn Cemetery*

Date of Burial, *April 7 81*

{ Undertaker, *Anstruth & Denny* } Address *317 Madison Ave*

{ Place of Business *No 243 Light St* }

*Dr. Carey Thomas* M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Jane Keller

Sex, Male or Female, { cross out the word not required in this line. }

Age, 34 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 56 Stockton St.

Cause of Death { First, (Primary.) Phrenitis  
Second, (Immediate,) Coma

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 8th 1881 James Bacon M. D. Medical Attendant.

Undertaker, W. E. Bennett

Place of Business, 336 Penna Ave Address, Cor. Argyle and Penna.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

No. 47261

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 6 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Edwin Seymour

Sex, Male ~~Female~~, Cross out the word not required in this line.

Age,        Years,        Months, 6 Days.

Color, Colored

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,       

Birthplace, State or Country and how long in the United States, if of foreign birth. Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 19 Shuter Street

Cause of Death, First, (Primary.) Spasms  
Second, (Immediate.)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7 1881

Undertaker, Wm M. Dungee

Place of Business, East St.

Medical Attendant James M. Allen M.D.

Comm of Health Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Beverly Digg

# Board of Health, City of Baltimore,

Permit No. 47262

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

April 9, 1880

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sallie M. Adams

Sex, Male or Female,

Cross out the word not required in this line.

Age,

36

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Sumner Co Md

Duration of Residence in the City of Baltimore,

8 Months

Place of Death,

Give street and number.

3 Columbia Avenue

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Zypho malarial Fever

Duration of Last Sickness,

10 Days

All the above information should be furnished by the Physician.

Place of Burial,

Sumner Co Md

Date of Burial,

April 8th 1880

Herbert Lork

M.D.,

Medical Attendant.

Undertaker,

John Bachor

Place of Business,

202 Camden St

Address,

46 Hanover St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2133 Transit

# Board of Health, City of Baltimore,

No. 47263

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *April 6<sup>th</sup> 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mrs. Johanna Reelhan*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *Fifty two* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore, *30 years.*

Place of Death, { Give street and number. } *City Hospital*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Heart disease*  
*Dyspnoea*

Duration of Last Sickness, *Three years*

All the above information should be furnished by the Physician.

Place of Burial, *Peters Cemetery*

Date of Burial, *April 8<sup>th</sup> 1881*

*E. Geo. Keitt* M.D.,  
Medical Attendant.

{ Undertaker, *John Maecher*

{ Place of Business, *Paca 2 Command* Address, *City Hospital*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

No. 47264

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 6 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Grant

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 56 Years, Months, Days.

Color, White

Married, ~~Single~~ Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, { Give street and number. } 403 W. Pratt St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cancer of Breast

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 8 8:13 O'clock

{ Undertaker, William Weiler

{ Place of Business, 202 N. E. Tower Address, 616 W. Baltimore St

Medical Attendant, M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

No. 47265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 5/87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Vogt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Bar Keeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, { Give street and number. } 44 Fleet St.

Cause of Death, { First, (Primary.) Hemiplegia }  
 { Second, (Immediate.) }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery

Date of Burial, April 8 1887

{ Undertaker, John Henry }  
 { Place of Business, 389 Calver St. }

R. W. Mansfield M.D.,  
 Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

No. 47266

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

5th. April 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Georg Stinodinger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years,

7

Months,

3 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

stone cutter

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

10 years

Place of Death, { Give street and number. }

48 Chapin St.

Cause of Death, { First, (Primary.) }  
Second, (Immediate.) }

Asthma

Duration of Last Sickness,

ab. 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, April 7 1887

C. Hostmann M.D.,  
Medical Attendant.

{ Undertaker, John Hennig

{ Place of Business, 382 Calver St.

Address, 57 St. Michaels St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

No. 47267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

April 6, 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Daughter of Kitty Dwyer

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

8

Months,

7

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

all of life

Place of Death,

{ Give street and number. }

110 York St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Pneumonia  
Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

April 8th

W. S. Booz M.D.,  
Medical Attendant.

{ Undertaker,

Perkins & Co.

{ Place of Business,

130 Henrietta

Address,

206 Sharp St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward C. Jordan

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 43 Years, Months, Days.

Color, white

Married; Single, Widowed or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Physician

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } York Co., Penna. ✓

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number } 106 Annapolis St.

Cause of Death { First, (Primary,) Addison's Disease  
Second, (Immediate,) Syncope

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Stewartstown, Pa.

Date of Burial, April 8<sup>th</sup> 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. Address, 256 N. Eden St.

M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

2134 Transit

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

No. 47269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *April 5 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Fitzpatrick*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Twenty Seven* Years, *—* Months, *—* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } *Single*

Occupation, *Printer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *During Life*

Place of Death, { Give street and number. } *No 1 Friendship st*

Cause of Death, { First, (Primary.) *Apoplexy* Second, (Immediate.) *Meibritas congestive of Brain* }

Duration of Last Sickness, *Five days*

All the above information should be furnished by the Physician.

Place of Burial, *St Vincents Cemetery*

Date of Burial, *April 7 1881*

{ Undertaker, *James O Byrne* }

{ Place of Business, *No 63 N Front St* }

Address, *137 N. E. St*

*R. P. McLean* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 6<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David Hirschberg

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Physician

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number. } 305, S. Sharp St.

Cause of Death, { First (Primary,) Old age  
Second (Immediate,) Apoplexia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Velb Thalana Camp Morris Wiener M. D.

Date of Burial, April 9<sup>th</sup> 1881 Medical Attendant.

{ Undertaker, Mrs. E. Gough Address 319, W. Fayette St.

{ Place of Business, 100 Gough St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

No. 47271

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

No. 47272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, April 4th. 1881  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah A. Deal  
 Sex, Male or Female, { Cross out the word not required in this line. }  
 Age, 60 Years, 2 Months, 7 Days.  
 Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
 Occupation,  
 Birthplace, { State or Country and how long in the United States, if of foreign birth. } Pittsburg Pa.  
 Duration of Residence in the City of Baltimore, 3 years  
 Place of Death, { Give street and number. } 35 Conway St. ✓

Cause of Death, { First, (Primary.) Second, (Immediate.) } Compound Fracture of Leg above ankle

Duration of Last Sickness, 11 weeks  
 All the above information should be furnished by the Physician.

Place of Burial, Pittsburg Pa.  
 Date of Burial, April 8 1881  
 { Undertaker, C. F. Francis }  
 { Place of Business, 207 Hanover Address, 146 Hanover St. }  
 Medical Attendant, Theodore Cook M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.  
 SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.  
 2185 Francis [OVER.]



# Board of Health, City of Baltimore.

No. 47273

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 7th, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Addie D. Richards.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Fourteen Years, Months, One Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Alexandria, Va.

Duration of Residence in the City of Baltimore, Six years

Place of Death, { Give street and number. } 278 Townsend St

Cause of Death, { First, (Primary.) } Scarlet Fever  
{ Second, (Immediate.) } Meningitis

Duration of Last Sickness, 3 days - I believe - I saw her once only about six hours before death

Place of Burial, London Park Chy

Date of Burial, April 8/81

{ Undertaker, Stewart & Mowen

{ Place of Business, 35 Park Ave Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

No. 47274

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 7th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Raynor

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and number. } 251 S. Dallas St

Cause of Death, { First, (Primary.) Pseudo-membranous Croup  
Second, (Immediate.) following Diphtheria.

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Ch.

Date of Burial, April 8th 1881 John H. Rehberger M.D.,

{ Undertaker, H. M. Gilmeyer Medical Attendant.

{ Place of Business, 341 Canton St. Address, 243 Alice Anna St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Earnest Blocker

Sex, Male or Female, { cross out the word not required in this line. }

Age, 3 Years, Months, 28 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 131 East Biddle St.

Cause of Death { First, (Primary.) Membranous Croup  
Second, (Immediate.)

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 8<sup>th</sup> 1881 E. B. Fenby M. D.  
Medical Attendant,

Undertaker, Wm. A. Hickman

Place of Business, 234 N. Gay St. Address, 319 N. Central Ave.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Robertson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, About 37 Years, Months, Days.

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cook

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 20 New St

Cause of Death { First, (Primary,) Vegetating Epithelioma of body of Uterus, Extermination  
Second, (Immediate,) Shock

Duration of last Sickness, As near as could be made out - about 6 months

All the above information should be furnished by the Physician.

Place of Burial, Samuel Bern

Date of Burial, April 8th 1881

Undertaker, Henry E. Madden

Place of Business, # 116 Orchard St Address, 2162 Howard St

W. B. Griffith M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

No. 47277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

April 8

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Beislibb

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Albany

Undertaker,

H. Pullman 494

Place of Business,

H. Pullman

Address,

R. H. M. M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47278

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *April 7 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Jesse L. Liddington*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *49* Years, *11* Months,  Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *merchant*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Fair Haven Connecticut*

Duration of Residence in the City of Baltimore, *16 years*

Place of Death, { Give street and number. } *N-19 N. Broadway*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Gastric ulcer. (Cancer?)*  
*Internal Hemorrhage*

Duration of Last Sickness, *3 years*

All the above information should be furnished by the Physician.

Place of Burial, *New Haven Cemetery*

Date of Burial, *Sunday April 10th*

Undertaker, *Thos D. Hughes*

Place of Business, *111 E. Balto*

Medical Attendant, *Henry Baker M.D.*

Address, *163 W. Hubbard St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2137 Transit



# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

No. 47279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 8, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry J. Cook

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 Years,

Months,

Days.

Color,

White,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

54 years

Place of Death, { Give street and number. }

58 N. Front St.

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Aneurism of the Innominate Artery

Duration of Last Sickness,

2 years.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 11<sup>th</sup> 1881

J. W. Honck

M.D.,

Medical Attendant.

{ Undertaker, Jas Byrne

{ Place of Business, 68 N. Front St.

Address, 75 E. Baltimore St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 7 April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Beyer

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 2 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States. if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } Redford Alley No 2

Cause of Death, { First, (Primary.) Chronic disease  
Second, (Immediate,) Apoplexy

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 8 April 1881

H. F. Pinkard M. D.  
Medical Attendant.

{ Undertaker, J. P. Burns

{ Place of Business, Front Street

Address, 224 West Fayette St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OF 45.]

No. 47281

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 7<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fredericka ZemanSex, Male or Female, { cross out the word not required in this line. } FemaleAge, 85 Years, 2 Months,  Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } WidowOccupation, Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Steinman, Hope PapeetDuration of Residence in the City of Baltimore, 26 YearsPlace of Death, { Give street and number } 12 Orleans StCause of Death, { First, (Primary.) Second, (Immediate,) } Old AgeDuration of last Sickness, 

All the above information should be furnished by the Physician.

Place of Burial, Balto CemeteryDate of Burial, April 9<sup>th</sup> 1881{ Undertaker, Ph. Seewald{ Place of Business, 35 S. Enoch St. Address, 195 N. Enoch St.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

{OV4R}



# Board of Health, City of Baltimore,

Permit No. 47282

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, April 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Moch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 Years, Months, Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } County Wicklona (Ireland),

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Asylum of the Little Sisters of the Poor Cor. John & Valley Streets

Cause of Death, { First, (Primary.) } general Debility Old age  
{ Second, (Immediate.) }

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 9<sup>th</sup> 1881

{ Undertaker, Henry Scheltheis

{ Place of Business,

Dr. Brooke Byler, M.D.,  
Medical Attendant.

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 7th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Brown

Sex, Male ~~Female~~, { cross out the word not required in this line. } Male

Age, 55 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, Brick Layer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number } 228 South Dallas St

Cause of Death, { First, (Primary,) Second, (Immediate,) } Phthisis Pulmonalis

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Church

Date of Burial, April 8th

Undertaker, W. L. Brown

Place of Business, 228 South Dallas St

Thomas J. Evans M. D.  
Medical Attendant.

Address, 228 South Dallas St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~and~~ <sup>and</sup> ~~filled~~ <sup>filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margarette Landmann  
7

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 77 Years, 8 Months, 24 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

married

Occupation, wife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give street and number }

808 E. 8<sup>th</sup> St. & Lombard St.  
old house

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Senile marasmus  
some months

Duration of last Sickness, some months

All the above information should be furnished by the Physician.

Place of Burial, St. Mathai Cem'ty

Date of Burial, April 7<sup>th</sup> 9. 1881

G. W. Johnson M. D.  
Medical Attendant.

{ Undertaker, H. Hoffmann

{ Place of Business, 63 N. Eden St. Address, 862 Fayette St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice V. Griffith

Sex, Male or Female, { cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Co.

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, { Give street and number } 16 Jews Alley

Cause of Death, { First, (Primary,) } Bronchitis  
{ Second, (Immediate,) }

Duration of last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Co. Md.

Date of Burial, April 9<sup>th</sup> 1881

Undertaker, Abraham Weyman

Place of Business, 13 Dorchester St.

E. B. Fensholt M. D.  
Medical Attendant.

Address, 319 1/2 Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to send, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. L. G. CITY PRINTERS AND STATIONERS.

[OV 48.]

# Board of Health, City of Baltimore,

No. 47286

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 9th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

George Ellis

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

8

Years,

11

Months,

19

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Leity

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give street and number. }

30 Burmanville St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Phthisis Pulmonalis

anoxia

Duration of Last Sickness,

2 1/2 years

All the above information should be furnished by the Physician.

Place of Burial,

Sharp's Cemetery

Date of Burial,

April 9

{ Undertaker,

Herules Ross

{ Place of Business,

15 Conway St

Address,

Wm A Blake M.D.,

Medical Attendant.

1687 E. Seca

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47287

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, April 8 " 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Chas. Purdy

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,      Years,      Months, 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,     

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 373 Eastern ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cold  
Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 9 " 1881

{ Undertaker, H. M. Gibney

{ Place of Business,     

Address,     

Commices of Health & Registrar

M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Geo E. Taylor



# Board of Health, City of Baltimore

Permit No. 47288

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, *April 7<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Silas Coleman*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *31* Years, Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *Laborer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balt*

Duration of Residence in the City of Baltimore, *all life*

Place of Death, { Give street and number. } *City Hospital, Re Croft St near Johnson St*

Cause of Death, { First, (Primary.) *Pistol shot through right chest*  
Second, (Immediate.) *Internal hemorrhage* }

Duration of Last Sickness, *2 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Linden Park*

Date of Burial, *April 9<sup>th</sup> 1881*

Undertaker, *Amstr. Perry*

Place of Business, *263 Light St*

Address, *Cornwall M D*

*Edmund D. Allen M.D., Medical Attendant*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 7. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs E. A. King

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 63 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Dress maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 713 N. Lombard St.

Cause of Death { First, (Primary,) uterine disease - I think Cancerous  
Second, (Immediate,) Cardiac failure

Duration of last Sickness, unknown - under my care since Feb. 2. 1881

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 9th 1881 Marbury Brewer M. D.  
Medical Attendant.

{ Undertaker, W. J. Jenkins & Son

{ Place of Business, 75 N. Charles Address, 68 W. Calver St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Friday, April 8th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth LePreux

Sex, Male or Female, { cross out the word not required in this line. }

Female

Age, Years, Months, 19 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number }

234 N. Eden St

Cause of Death { First, (Primary,) Second, (Immediate,) }

Inability to take nourishment owing to a premature birth. Asthma & Exhaustion

Duration of last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 9th

Undertaker, or Aug LePreux

Place of Business, 234 Eden St

Wilmer Bruntow M. D.  
Medical Attendant.

Address, 25 1/2 Grammer St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore

Permit No. *47291*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *April 7th 1881*

Full Name of Deceased, *John P. D. Drough*  
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, *male*  
{ Cross out the word not required in this line. }

Age, *9* Years, *9* Months,  Days.

Color, *White*

Married, Single, Widow or Widower, *Single*  
{ Cross out the word not required in this line. }

Occupation,

Birthplace, *Baltimore, Md.*  
{ State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *57 years*

Place of Death, *1077 Duncan St.*  
{ Give street and number. }

Cause of Death, *Scald*  
{ First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cem.*

Date of Burial, *Apr. 10th '81*

Undertaker, *M. Francis*

Place of Business, *280 Canton Ave* Address, *244 B. & N. St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, 4th 8 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Gordon

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 5 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 years.

Place of Death, { Give street and number } 24 N. Gay St.

Cause of Death { First, (Primary.) } Mucous Croup.  
Second, (Immediate.)

Duration of last Sickness, 4 day.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Sunday Eve 10th W. Riley M. D. Medical Attendant.

{ Undertaker, Henry W. Means

{ Place of Business, 45 N. Gay St Address, 306 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 6 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Finnadge King

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 51 Years,        Months, Two Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Retired

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md. ✓

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 32 Fawn St.

Cause of Death { First, (Primary,) Chronic Inflammation of the Liver  
Second, (Immediate,) Dropsy.

Duration of last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 10<sup>th</sup> 1881

Undertaker, Elisha Cox

Place of Business, 14886 Bank St. Address, 215 N. Carrollton Ave.

John T. King M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th. April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Kistner

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 5 Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, { Give street and number } Corn. Eastern Ave and Eastern St.

Cause of Death, { First, (Primary.) } Eczema faciei  
{ Second, (Immediate.) } Exhaustion

Duration of last Sickness, During lifetime

All the above information should be furnished by the Physician.

Place of Burial, April 9th 1881

Date of Burial, April 9th 1881

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

William Hensel M. D.  
Medical Attendant.

Address, S. W. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore

Permit No. 47295

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, *April 8th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Katie Ulrich*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *22* Years, *1* Month, *8* Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Housekeeper*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City, Md.*

Duration of Residence in the City of Baltimore, *Since Birth.*

Place of Death, { Give street and number. } *N. E. Cor. Bank & S. Caroline St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Phthisis Pulmonalis.*

Duration of Last Sickness, *Five months.* ✓

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore City*

Date of Burial, *April 10*

*John H. Rehberger* M.D.,  
Medical Attendant.

{ Undertaker, *Wendell J. ...*

{ Place of Business, *121 N. ...* Address, *243 ...*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, *April 7th 1891*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Arthur W Gray*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *63* Years, *11* Months, *16* Days.

Color, *white* Sex, *Male*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Merchant*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Leedsburg Loudon Co Virginia*

Duration of Residence in the City of Baltimore, *Fourteen years*

Place of Death, { Give street and number. } *326 N. Eutan Street*

Cause of Death, { First (Primary,) Second (Immediate,) } *Cancer Throat*  
*Obstruction*

Duration of Last Sickness, *Twelve months*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount* *A. T. Baco* M. D.  
Date of Burial, *April 9* Medical Attendant.

{ Undertaker, *C. H. Higgins* Address *234 Madison Ave*  
Place of Business, *201 Penn*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Board of Health, City of Baltimore,

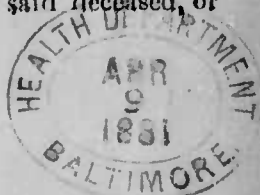
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, April 7th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura S. Garrettson.

Sex, Male or Female, { cross out the word not required in this line. }

Age, 67 Years, 4 Months, 28 Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, About 27 Years.

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) Bright's Disease. Second, (Immediate,) }

Duration of last Sickness, About 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, Harper's Co. M.D.

Date of Burial, Apr 9

Undertaker, C. P. Bazzano

Place of Business, 201 N. E. St.

Address, 70 N. Gilman St.

D. Dalton M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, April 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Owen Burke

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 67 Years, Months, Days.

Color, White Sex,

Married, ~~Single~~ ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, Lamp-lighter  
Ireland

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, about 35 years

Place of Death, { Give street and number. } Jenkins alley near Hoffman

Cause of Death, { First (Primary,) I do not know. he was run by me  
Second (Immediate,) my a sister while before his death.  
apparently the cause was Consumption  
I do not know

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

J. E. Chubb M. D.

Date of Burial, April 10<sup>th</sup> 1881

Medical Attendant.

{ Undertaker, Joseph F. Byrne Address 141 Lombard St

{ Place of Business, 59 N. Liberty

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *17299*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.



Date of Death, *April 8<sup>th</sup> 1881*  
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John H Barnard*  
 Sex, Male or Female, { Cross out the word not required in this line. } *Male*  
 Age, *75* Years, Months, Days.  
 Color, *W* Sex, *Male*  
 Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }  
 Occupation, *Farmer*  
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore County*  
 Duration of Residence in the City of Baltimore, *Harford Co 20 yrs*  
 Place of Death, { Give street and number. } *168 Wm st. E*  
 Cause of Death, { First (Primary,) Exposure.  
 { Second (Immediate,) Heart disease  
 Duration of Last Sickness, *Seven weeks*



All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery* *William Lee* M. D.  
 Date of Burial, *April 10<sup>th</sup> 1881* Medical Attendant.  
 { Undertaker, *Andrews & Hodges* Address *Eutaw + Hoffman*  
 { Place of Business, *No 426 Druid Hill Ave*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, April 7, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Schofield

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 82 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } None

Occupation, England

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 30 or 40 yrs

Duration of Residence in the City of Baltimore, 486 W. Lombard St

Place of Death, { Give street and number } old age

Cause of Death { First, (Primary,) Inflammation of bowels  
Second, (Immediate,) (or rather, about 36 hours)

Duration of last Sickness, One week (or rather, about 36 hours)

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Apr 9 1881

Undertaker, Jos. B. Cook

Place of Business, No 707 W. Baltimore St

John Hood M. D.  
Medical Attendant.

Address, 322 Hollins St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

William Anderson  
Male

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 8 Months, Days.

Color, Color

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9<sup>th</sup> 1881

Undertaker, Wm. D. Dugan

Place of Business, No 62 E. St

Irving Miller M. D.  
Medical Attendant.

Address, 179 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Davis

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Twenty-four Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Mulatto

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City -

Duration of Residence in the City of Baltimore, Twenty-four years

Place of Death, { Give street and number } No. 74 Walnut ally

Cause of Death { First, (Primary.) Consumption  
Second, (Immediate,) Prostration

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial,  Laurel Cemetery

Date of Burial, April 9<sup>th</sup> 1881

Undertaker, Wm. L. Lunge

Place of Business, No 62 East st

F. B. Gardner M. D.  
Medical Attendant,

Address, 120 N. Greene st.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, April 7<sup>th</sup> 1881 8-30  
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Barbara Lee  
 Sex, Male or Female, { Cross out the word not required in this line. } by guess  
 Age, 90? Years, Months, Days.  
 Color, Dark Brown skin Sex,  
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
 Occupation, Cook  
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Virginia  
 Duration of Residence in the City of Baltimore, Since Childhood  
 Place of Death, { Give street and number. } 97 Sterling St  
 Cause of Death, { First (Primary,) White Softening of Brain  
 { Second (Immediate,) Syncope  
 Duration of Last Sickness, Six 6 Days  
 All the above information should be furnished by the Physician.  
 Place of Burial, Laurel Cemetery  
 Date of Burial, April 9<sup>th</sup> 1881  
 { Undertaker, Wm. V. Dunge  
 { Place of Business, No 62 East St  
 Address 74 N. Paca St  
 N. B. Heile M. D.  
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *47304*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *April 7th 1881*

Full Name of Deceased, *Thomas Gibb*  
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, *Male*  
Cross out the word not required in this line.

Age, *4* Years, *8* Months, *1* Days.

Color, *White*

Married, Single, Widow or Widower, *Married*  
Cross out the word not required in this line.

Occupation, *Attorney*

Birthplace, *Baltimore City*  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, *1000 Euseb St.*  
Give street and number.

Cause of Death, *Phthisis*  
First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel*

Date of Burial, *Apr 10th 1881*

Undertaker, *E. D. Storing*

Place of Business, *98 Orleans St.*

Address, *244 Broadway St.*

*W. G. Kelly* M.D.,  
Medical Attendant

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physician is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Enoch F. Jenkins

Sex, Male or Female, { cross out the word not required in this line. }

Age, 58 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Hatter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 145 East Biddle

Cause of Death { First, (Primary.) Consumption  
Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent

Date of Burial, April 10/81

{ Undertaker, Fry & Co

{ Place of Business, 210 Broadway

E. B. Fenby M. D.  
Medical Attendant.

Address, 319 N. Central Ave.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, *April 8<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Barker*

Sex, Male or Female, { cross out the word not required in this line. } *Male*

Age, *64* Years, *04* Months, *00* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *Retired Merchant*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *his whole life*

Place of Death, { Give street and number } *254 Franklin St*

Cause of Death { First, (Primary.) *Cold*  
Second, (Immediate.) *Pneumonia*

Duration of last Sickness, *Two Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*

Date of Burial, *April 10<sup>th</sup> 1881*

Undertaker, *Geo H. Weaver*

Place of Business, *22 West Fayette St*

Address, *Dr. E. Blagden M. D. Medical Attendant.*

*W. S. Entwistle*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, April 8<sup>th</sup> 81.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emeline Bissey

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 61 Years, 3 Months, 7 Days.

Color, White Sex, Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 239 Hoffman St

Cause of Death, { First (Primary,) Gastro Enteritis  
Second (Immediate,) Inanition }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Garman M. D.

Date of Burial, April 10<sup>th</sup> 1881 Medical Attendant.

{ Undertaker, Wm Weaver Address

{ Place of Business, No 202 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 8th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Virginia Duncan

Sex, Female { cross out the word not required in this line. }

Age, Forty Six Years, White Months, None Days.

Color, White

Married, Single { Cross out the word not required in this line. } Married ☒

Occupation, None

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Thirty Eight Years

Place of Death, { Give street and number } No. 148 South Bond St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia  
Heart Disease

Duration of last Sickness, Fifteen Days

All the above information should be furnished by the Physician.

Place of Burial, Battle Cemetery

Date of Burial, April 12th 1881

Undertaker, Samuel Mitchell

Place of Business, 65 S Broadway Address, No. 102 N Broadway

Wm H. Cleudinen, M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



# Board of Health, City of Baltimore,

Permit No. *47309*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *April 4<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *James H. K. Hamell*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *18* Years, *8* Months, *13* Days.

Color, *White*

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, *None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Whole life*

Place of Death, { Give street and number. } *342 N Broadway*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pulmon: Consumption*

Duration of Last Sickness, *15 months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 10<sup>th</sup>*

*S. F. Coysner* M.D.,  
Medical Attendant.

{ Undertaker, *E. C. Schilling*

{ Place of Business, *Monument Building* Address, *134 N High*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics, in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47310

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Apr 6/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Grace Colith Hall

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,                      Years,                      Months, 21 Days.

Color, Bright

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,                     

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Enterocolitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, April 10 1881

{ Undertaker, Pat Mullin

{ Place of Business,                      Address, 127 St Paul

J. J. Ward M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

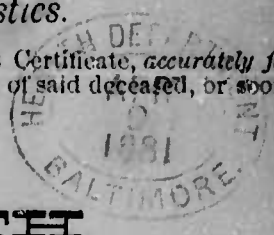
[OVER]

Permit No. 47311

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, April 7th, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Henry Yacger.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 41 weeks Years, Months, 1 Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give street and number. } No 155 S. Ann Street,

Cause of Death, { First, (Primary.) } Erysipelas. { Second, (Immediate.) } One Week. ✓

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, St. Malheur's Cemetery

Date of Burial, April 10th

{ Undertaker, Mrs. H. Frankelich

{ Place of Business, 244 Easton Ave

Nicholas S. Dashiell M.D., Medical Attendant.

Address, 207 S. Broadway -

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 47312

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 9, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John. Doemling

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, — Months, 10 Minutes

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

369 Orleans St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 10, 1881

James A. Stenning M.D.,

Undertaker, W. Dippel

Place of Business, —

Comptroller of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 7th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Maud Lewis

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 9 Years, 2 Months, 2 Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 41 (Southe) Ann St

Cause of Death, { First, (Primary.) Paralysis  
Second, (Immediate,) 24 Hours }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 11th 1881

Undertaker, M. A. Daig

Place of Business, 74 S. Bay

Thomas J. Evans M. D.  
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH.

Date of Death, April 9<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mrs Maria Shipley

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 70+ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number } Church Avenue, Spring Hill

Cause of Death, { First, (Primary.) Second, (Immediate.) } Marasmus Senilis

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Monday April 11

Undertaker, Fredrick J. Hamuth

Place of Business, No 83 Poppleton St

A. B. Jarvis M. D.  
Medical Attendant.

Charles Frank Johnson  
Address, \_\_\_\_\_

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DUNN & CO. CITY PRINTERS AND STATIONERS

[OV 4R.]



The signature of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, April 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henrietta Simon

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 9 Years, 10 Months, \_\_\_\_\_ Days.

Color, red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Baltimore Co

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number } Chesnut st 78

Cause of Death, { First, (Primary,) \_\_\_\_\_  
Second, (Immediate,) 1 pneumonia

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, April 10<sup>th</sup> 1881 E. C. Baldwin M. D.  
Medical Attendant.

{ Undertaker, A. Wagner

{ Place of Business, 132 Lombard st Address, 724 N. E. st

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *usually filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } August Poula

Sex, Male ~~or Female~~, { cross out the word not required in this line. } Male

Age, 1 Year, 6 Months, --- Days.

Color, White

~~Married~~, Single, ~~Widow~~, ~~or Widower~~, { Cross out the word not required in this line. } Single

Occupation, ---

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 13 Garnett St, Barnes St

Cause of Death, { First, (Primary.) } Scarlet Fever  
{ Second, (Immediate.) }

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem.

Date of Burial, April 11th 1881

Undertaker, Adam Pink

Place of Business, 461 N Gay St

Address, 22 Jackson Place

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[0741.]

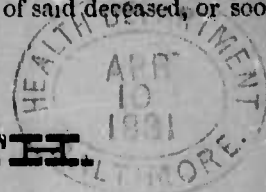
Permit No.

47317

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, April 9 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John & Harriet Brownell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } (Parents)

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, One Days

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 6 Little Pine St. + near Public House

Cause of Death, { First, (Primary.) Second, (Immediate.) } convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W B Public Cemetery

Date of Burial, April 10 1881

{ Undertaker, F A Kerchner

{ Place of Business, \_\_\_\_\_

Address, \_\_\_\_\_

Signature of Medical Attendant, J. M. M.D., Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by John E. Burdick



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 1881, April 9

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Smith

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 1 Years, 6 Months, 17 Days

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } No 181 York St

Cause of Death, { First (Primary,) Typhus Fever  
Second (Immediate,) Typhus Miliar }

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, General Cemetery

Date of Burial, April 11th 1881

{ Undertaker, James H. Hager Address, No 36 S. Louis St

{ Place of Business, 101 S. Howard St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No.

47319

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 9, 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maria Deunna

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

72 Years,

Months,

Days.

Color,

Colored

~~Married~~, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Washerwoman

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Frederick Md

Duration of Residence in the City of Baltimore,

One year

Place of Death,

{ Give street and number. }

110 Orchard St

Cause of Death,

{ First, (Primary.)  
Second, (Immediate.) }

Old age

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

St. Mary's Cemetery

Date of Burial,

April 10 - 1881

Undertaker,

James B. Boley

Place of Business,

116 Orchard St

Address,

319 Mallory St

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza C. Barton

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 50 Years, 7 Months, — Days.

Color, White

Married, ~~Single~~ Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Co. Md

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, { Give street and number } 254 E. Biddle St

Cause of Death { First, (Primary,) Second, (Immediate,) } Cancer of Liver  
1 Year

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Apr. 12th 1881

Undertaker, George Schilling

Place of Business, Ashland Square Address, 256 E. John St

Wm. B. Billingsley M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]



Permit No. 47321

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia A. McCleary.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female.

Age, 77 Years, 1 Months, — Days.

Color, White.

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. } Widow.

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Talbot Co. Md.

Duration of Residence in the City of Baltimore, 67 yrs.

Place of Death, { Give street and number. } 73 Chew St.

Cause of Death, { First (Primary,) — Phthisis.  
Second (Immediate,) Pneumonia

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 11th

{ Undertaker, Geo. Schilling  
Place of Business, Ashland Square

Address 227 Carrollton Ave

Medical Attendant J. J. Powell M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

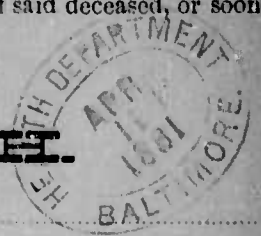
[OVER.]

Permit No. 47322

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, April 10. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma M. MacIntosh

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 15 Years, Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and number. } 310 Sharp St

Cause of Death, { First, (Primary.) Bright, Acute of the Kidney }  
{ Second, (Immediate.) Convulsion }

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, St. Augustine

Date of Burial, Apr 12<sup>th</sup> 1881

{ Undertaker, C. F. Krause }

{ Place of Business, Address, 146 Howard St }

Frederic Cook M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Apr 9 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Dooley

Sex, Male or Female, { cross out the word not required in this line. }

Age, 68 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, CU

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 57 Hughes St

Cause of Death, { First, (Primary.) Second, (Immediate,) } Chronic pleurisy  
uncertain

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician

Place of Burial, New Cathedral

Date of Burial, Apr 11<sup>th</sup> 1881

{ Undertaker, W. F. Krause } \_\_\_\_\_ M. D.  
Medical Attendant,

{ Place of Business, \_\_\_\_\_ } Address, 184 Shank

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47324*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *April 10th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Maggie Droschel*

Sex, ~~Male~~ or Female, { Cross out the words not required in this line. } *Female Droschel*

Age, *1* Years, *5* Months,  Days

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life-time*

Place of Death, { Give street and number. } *419 Cross St*

Cause of Death, { First (Primary,) *Menengitis* }  
 { Second (Immediate,) *3 weeks* }

Duration of Last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore cemetery*

Date of Burial, *April 12th 1881*

{ Undertaker, *P. P. P.* }  
 { Place of Business, *425 Cross Street* }

Address, *406 Cross St*

*L. H. L. Palt* M. D.  
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>actually filled</sup> out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 10<sup>th</sup> April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Tully

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 21 <sup>4</sup>/<sub>6</sub> Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Black

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Richmond Va.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and number } 337 Saratoga St.

Cause of Death, { First, (Primary.) Tubercular Consumption  
Second, (Immediate.) \_\_\_\_\_

Duration of last Sickness, Since September 1880.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, April 11<sup>th</sup> 1881

Undertaker, H. Lewis Schaefer

Place of Business, 109 W. Vermont Address, 425 W. Fayette St.

Medical Attendant, M. D. Ganger

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULANT & CO. CITY PRINTERS AND STATIONERS.

Permit No. 47326

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

April 9 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Amelia Westhucence

Sex, Male or Female, { Cross out the word not required in this line. }

Female Westhucence

Age, 65 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

married.

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Germany.

Duration of Residence in the City of Baltimore,

21 years

Place of Death, { Give street and number. }

23 Jackson Sq.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Cancer of the Stomach

Duration of Last Sickness,

Ten months.

All the above information should be furnished by the Physician.

Place of Burial,

Har Sinai Cemetery

Date of Burial,

April 11<sup>th</sup> 1881

{ Undertaker,

Chas Hollander & Son

{ Place of Business,

22 Whitt St

Address,

A. B. Arnold M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elanora Fisher

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, One Years, One Months,        Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,       

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 15 Claret Alley

Cause of Death { First, (Primary.) Pneumonia  
Second, (Immediate,) Asthenia

Duration of last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 11<sup>th</sup> 1887 4/11 Conrad M. D.

Medical Attendant,

{ Undertaker, Jacob Davis

{ Place of Business, 103 Lee St Address, 1705 Sharp St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 47328

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Apr 10<sup>th</sup> '01

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Linton M. Milper

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Teacher

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Washington City D.C.

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, { Give street and number. } Dr. Catherines Normal Institute  
Blumpton Ave.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption  
of the lungs

Duration of Last Sickness, Two weeks & four days

All the above information should be furnished by the Physician.

Place of Burial, South Bend Ind

Date of Burial, \_\_\_\_\_ John B. Harmon M.D.,  
Medical Attendant.

{ Undertaker, M. A. Dargatz

{ Place of Business, 4 S. B. Imp. Address, S. W. Calcutt & Reader

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2139 Transit

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Apr. 10<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Waltjen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 45 Years, X Months, X Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } M.

Occupation, ✓

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 44 yrs.

Place of Death, { Give street and number } 192 E. Monument St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Bronchitis & Pleuritis  
Embolism

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 12<sup>th</sup>

Undertaker, Geo Schilling

Place of Business, Ashland Street Address, 186 Disquith St

H. T. Rembold M. D.  
Medical Attendant,

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



Permit No. **247330**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

**Apr. 10<sup>th</sup>**

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

**Henry Bryan**

~~Sex~~, Male or Female,

Cross out the word not required in this line.

Age,

**Sixty seven years,**

Months,

Days.

Color,

**White**

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

**Sailor**

Birthplace,

(State or Country and how long in the United States, if of foreign birth.)

**Maryland**

Duration of Residence in the City of Baltimore,

**Thirty years**

Place of Death,

(Give street and number.)

**City Hospital**

Cause of Death,

First, (Primary.)

**Cystitis**

Second, (Immediate.)

**Asthma**

Duration of Last Sickness,

**6 months**

All the above information should be furnished by the Physician.

Place of Burial,

**Bald. Cemetery,**

Date of Burial,

**April 11/91.**

**Thos Kent**

**M.D.,**

Medical Attendant.

{ Undertaker,

**Carroll**

{ Place of Business,

**65, N. Pratt St. Address,**

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia A. Johnson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 43 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. ) } Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 149 N. Bond St.

Cause of Death, { First, (Primary,) Organic disease of heart. Second, (Immediate,) Two weeks.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, April 12th 1881

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway Address, 94 S Broadway

A. F. Enich M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. EVANS & CO. CITY PRINTERS AND STATIONERS.

[974h.]

# Board of Health, City of Baltimore,

Permit No. 47332

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Apr. 11<sup>th</sup> - 81

Full Name of Deceased, Sarah A. Carter  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 69 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, Widow  
{ Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, Balto. Md  
{ State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, S. W. Cor Willow & Howard Ave.  
{ Give street and number. }

Cause of Death, Pneumonia  
{ First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 12, 1881 Thos. Braake Boyle M.D.,  
 Medical Attendant.

Undertaker, H. C. Weddefield

Place of Business, 90 Greenmount Ave. Calvert & Eager

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



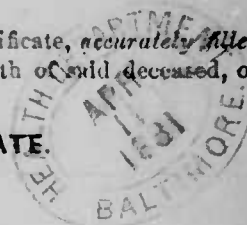
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

9<sup>th</sup> April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents }

William C. Simms

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age,

61

Years,

Months,

Days.

Color,

White

~~Scar~~

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

B.C.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

60 Conway St.

Cause of Death, { First (Primary),  
Second (Immediate), }

Organic Disease of Heart (Mitral valve)

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

April 12/81

{ Undertaker,

J. Godey & Son

{ Place of Business,

41 N. Moore St.

Address

274 Madison Ave

H. W. Omings

M. D.

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 10th 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Henrietta Alheit

Sex, ~~Male~~ or Female, cross out the word not required in this line. Female

Age, 4 Years, 2 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line. Single

Occupation, Baltimore

Birthplace, State or country, (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, No 204 Columbia St.

Place of Death, Give street and number No 204 Columbia St.

Cause of Death First, (Primary.) Diphtheria Maligna  
Second, (Immediate.) 8 days

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 11th

Undertaker, Andrew Nell

Place of Business, Columbia Ave Address, 1660 J. J. J. J. J.

Medical Attendant, A. L. Buddenbohm M. D.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said, deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 10/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Cuntain

Sex, Male or Female, { cross out the word not required in this line. }

Age, 8 Years, Months, Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Md. Md

Duration of Residence in the City of Baltimore,

8 years

Place of Death, { Give street and number }

104 Scott St.

Cause of Death { First, (Primary.) Second, (Immediate.) }

Dysenteric Group.  
Three (3) Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 11 1881

A. L. Spicer M. D.  
Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St Address,

387 W Lombard St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 10<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dora Gorfine

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 7 Years, 20 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 56 S. Green St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Acute Leukemia  
3 Days

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baldwin Cemetery

Date of Burial, April 11<sup>th</sup> 1881

Undertaker, Wm. S. Sauer

Place of Business, \_\_\_\_\_ Address, 144 Hanover St

Geo. W. Denson M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Chester

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 Years, 1 Months,  Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 42 Little McEldery St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Bronchitis

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 11<sup>th</sup> 1881

E. B. Fenby M. D.  
Medical Attendant.

{ Undertaker, Wm N. Dunge

{ Place of Business, No 62 East St

Address, 319 N. Central Ave.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER]

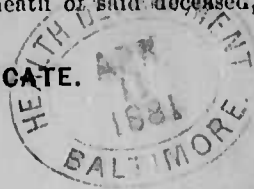
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, April 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaretta Paine

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White Sex, Female

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 71

Place of Death, { Give street and number. } 334 Lexington St

Cause of Death, { First (Primary), Second (Immediate), } Paralysis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount J. J. Miles M. D.

Date of Burial, 13<sup>th</sup> April 1881 Medical Attendant.

{ Undertaker, H. W. Jenkins son Address 24 Cathedral St  
Place of Business, 75 N. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 10th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. C. Lewis

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 78 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } Single

Occupation, Dr. C. Lewis

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } MD.

Duration of Residence in the City of Baltimore, 78 years

Place of Death, { Give street and number } 111 N. Charles St.

Cause of Death { First, (Primary.) } In consequence of being a business

{ Second, (Immediate.) } a congestive palmar condition

Duration of last Sickness, 3 to 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 12th April 1881

{ Undertaker, H. W. Jenkins & Co.

{ Place of Business, 75 N. Charles

Address, 185 W. 4th St.

J. H. Quinn

M. D.

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following notice.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Apr 10 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas H Winder

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 71 Years, — Months, — Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Lawyer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Balto City most time since birth

Place of Death, { Give street and number } 349 N. Eutan

Cause of Death { First, (Primary,) Second, (Immediate,) } Pneumonia & Bronchitis

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 12<sup>th</sup> April 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 45 N. Charles

F. E. Chataway M. D.  
Medical Attendant.

Address, 114 Park Ave.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. *47341*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

*April 9 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Christina Burkard*

Sex, Male or Female, { Cross out the word not required in this line. }

*Female*

Age, *37* Years,

*7* Months, *13* Days.

Color,

*White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

*married*

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Germany*

Duration of Residence in the City of Baltimore,

*35 years*

Place of Death, { Give street and number. }

*27 S. Ridge St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) }

*Hæmorrhage from the lungs*

Duration of Last Sickness,

*Four weeks*

All the above information should be furnished by the Physician.

Place of Burial,

*H. Alphonse Cemetery*

Date of Burial,

*April 13*

*Ab. Quod*

M.D.,

Medical Attendant.

{ Undertaker,

*Wendel Tiffel*

{ Place of Business,

*W. Bond St. 151*

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 11<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Suena B. ThomasSex, Male or Female, { cross out the word not required in this line. }Age, \_\_\_\_\_ Years, 15 Months, 4 Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, lifetimePlace of Death, { Give street and number } 26 Ramsay StCause of Death { First, (Primary,) Diphtheria  
Second, (Immediate,) Apnoea }Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park CemeteryDate of Burial, April 12<sup>th</sup>A. W. Cottum M. D.  
Medical Attendant.{ Undertaker, H. Brice{ Place of Business, Henrietta St 81Address, 343 W. Lombard St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 28th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Elizabeth Bryan

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 1 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 95 E. 4th St

Cause of Death, { First, (Primary.) } Capillary Bronchitis  
{ Second, (Immediate.) } Corrosions

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Charles

Date of Burial, April 11 E. J. Williams M. D.  
Medical Attendant.

{ Undertaker, Hy & Co

{ Place of Business, 147 Patterson St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marie Anna Weigel

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 Years,  Months,  Days.

Color, White

~~Married, Single, Widowed or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No. 2 Holtzman's Court.

Cause of Death, { First, (Primary) measles (German) Second, (Immediate,) meningitis }

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's

Date of Burial, April 11

{ Undertaker, John J. Evans }

{ Place of Business, 252 Jackson Place Address, 252 Jackson Place

Thomas J. Evans M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[074B.]



Permit No. 47345

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death,

April 10 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sarah. E. Knott

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

—

Years,

—

Months,

10

Days.

Color,

white

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

7. Howard St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Spasms

Duration of Last Sickness,

all its Life

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

April 11 1881

Undertaker,

John W. Jackson

Place of Business,

—

Address,

Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47346

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 10th 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachella A. Allen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 19 Years, 4 Months, 22 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Acty

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Acty

Duration of Residence in the City of Baltimore, Acty

Place of Death, { Give street and number. } 63 Burgundy St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Apoplexy  
Convulsion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurie Cemetery

Date of Burial, April 12

John H. Ross M.D.,  
Medical Attendant.

{ Undertaker, H. Ross

{ Place of Business, 25 Conward St Address, 168

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 10 on the 10 of April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margitt Kruger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 Years, 2 Months,  Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Nesselbach Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number. } No 20 Fall st

Cause of Death, { First (Primary,) Rheumatism  
Second (Immediate,) Heart disease

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, S. Petrus Cemetery

Date of Burial, April 12<sup>th</sup> 1881

Undertaker, Leonhard Vurray

Place of Business, 277 S. Bond Street Address 811 Mulberry St

L. J. Chabot M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 9, 1887.Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Margaret C. [unclear]Sex, Male or Female, { cross out the word not required in this line. } FemaleAge, 50 (about) Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, ColoredMarried, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, LeigatimePlace of Death, { Give street and number } 8 Bethel St near PrattCause of Death, { First, (Primary.) } Tuberculosis Pulmonalis (Fatal){ Second, (Immediate,) } By asphyxiaDuration of last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Lanier CemeteryDate of Burial, April 11, 1887A. V. Gosweiler A. M., M. D.  
Medical Attendant.{ Undertaker, Thos. [unclear]{ Place of Business, 23 Jefferson StAddress, 144 S. Ann St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 8th 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Janet TraversSex, Male or Female, { Cross out the words not required in this line. } FemaleAge, 22 Years, \_\_\_\_\_ Months, \_\_\_\_\_ DaysColor, BlackMarried, Single, Widow or Widower, { Cross out the words not required in this line. } SingleOccupation, Wash-WomanBirthplace, { State or country (and how long in United States, if of foreign birth.) } BaltimoreDuration of Residence in the City of Baltimore, Life-timePlace of Death, { Give street and number. } 47 Stockholm StCause of Death, { First (Primary,) Consumption  
Second (Immediate,) 8 daysDuration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel CemeteryDate of Burial, April 12th 81{ Undertaker, J. H. Perkins & Co.{ Place of Business, 130 Kennerly St

L. St. L. Gall M. D.  
Medical Attendant.  
Address, 406 Grove St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47350

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April, 10/1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Edward Infant Emma Edwards

Sex, Male or Female, { cross out the word not required in this line. }

Age, — Years, — Months, 10 Days.

Color, red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Infant see Certificate of Birth dated April 1<sup>st</sup> 1881

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 65 Latson St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Imperfect development

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 11, 1881

{ Undertaker, Charles A. White

{ Place of Business, 35 Granby St Address, 11 S. 1<sup>st</sup> St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[574R.]



# Board of Health, City of Baltimore,

Permit No. 47351

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, April 10th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amie C. Boucher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, 0 Months, 0 Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 201 E. North St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Capillary Bronchitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brook Cemetery

Date of Burial, April 12 1881

Undertaker, James D Byrne

Place of Business, No 63 N Front St Address,

S. F. Coyle M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47352

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 7th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Collins

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 74 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Housewife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 8th Year

Place of Death, { Give street and number. } No. 200 Bland St.

Cause of Death, { First, (Primary.) } Dysentery  
{ Second, (Immediate.) } V

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Ceme

Date of Burial, April 12th 1881

Medical Attendant, J. P. Kelly M.D.

Undertaker, Jas. P. Byrne

Place of Business, 63 Front St. Address, 200 Bland St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47353

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 11<sup>th</sup> 81.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaretta Muller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 9 Weeks

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Peritonitis, abscess. }  
Second, (Immediate.)

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 12

Undertaker, Joseph D. Cook

Place of Business, 712 West Madison Street, Address, 225 Broadway

Louis H. Howard M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No.

49354

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Wilmer

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 0 Years,

9 Months, 0 Days.

Color,

Light Brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Single

Occupation,

None

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

9 months

Place of Death, { Give street and number. }

No 9 Brewer Alley

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Cold

Pneumonia

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 12 - 1881

B F Bohrer M.D.,  
Medical Attendant.

{ Undertaker, Spensley & Maddey

{ Place of Business, 116 Orchard St

Address, Cor Druid Hill and Dolphin

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 10

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Louisa Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balr

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

212 Staden Ave

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Diphtheria

3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount by

St. Martin

M. D.

Medical Attendant.

Date of Burial, April 11th 1887

{ Undertaker,

Stewart & Brown

Address

251 Mad Ave

{ Place of Business,

35 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 10th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward S. Boyle

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 51 Years, 5 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } 293 Myrtle Avenue

Cause of Death, { First, (Primary.) } Erysipelas of the head  
{ Second, (Immediate.) } Paralysis of heart

Duration of last Sickness, 5 days

Place of Burial, New Cathedral Cemetery

Date of Burial, April 12th 1881

Undertaker, Stewart & Mearns

Place of Business, 35 Park Avenue

Address, 224 West Fayette St.

Medical Attendant, J. T. Reinhard M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. EULANT & CO. CITY PRINTERS AND STATIONERS.



Permit No. 47357

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman Ahrend

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 30 Years, 3 Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } Steamer Koln. Rucers. Boat

Cause of Death, { First, (Primary.) } Gastroenteritis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Church

Date of Burial, April 12/1887

{ Undertaker, H Sanders. } Communion of Health

{ Place of Business, 252 Calver Ave } Address, Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

At 7 John E. Duane,

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, April 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John B. Hucht

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Forty two Years, Months, Days.

Color, White Sex, Male

Married, ~~Single, Widower or Widow~~, { Cross out the words not required in this line. }

Occupation, Box Maker

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, { Give street and number. } 147 N. Fremont St

Cause of Death, { First (Primary,) Second (Immediate.) } Paralysis

Duration of Last Sickness, Ten Months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Bern

Date of Burial, April 12<sup>th</sup> 1881 James Sappington M. D. Medical Attendant.

{ Undertaker, Peter Hermann Address Centre St

{ Place of Business, Moulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# City of Baltimore

Permit No. 47359

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or soother, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia Melzer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 37 Years, 1 Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, { Give street and number. } 107 N. Ave. St.

Cause of Death, { First, (Primary.) }  
Second, (Immediate.) Metro Peritonitis

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 13<sup>th</sup> 1881

{ Undertaker, Peter Krummet

{ Place of Business, Mulberry St

R. J. H. Tall, M.D.,  
Medical Attendant.

Dr. Eicks, consulting

Address, 152 E. Ave St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 11 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth R Smith

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 4 Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 379 Franklin St

Cause of Death, { First, (Primary,) Hepatitis  
Second, (Immediate,) 11 days

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Bae

Date of Burial, April 12<sup>th</sup> 1881

{ Undertaker, Joseph F. Ryan

{ Place of Business, 383 Franklin St

J. W. C. Cuddy M. D.  
Medical Attendant.  
Address, 383 Franklin St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 47361

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, April 11th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Eustace

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 10 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore city, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and number. } 468 Eastern Av.

Cause of Death, { First, (Primary.) Cerebro-Spinal Meningitis. }  
{ Second, (Immediate.) }

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, April 12th, 1881

{ Undertaker, M. A. Davis }  
{ Place of Business, 74 S. Broadway } Address, # 243 Alice Anna St.

John H. Rehberger M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47362

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, April 11 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. John W. Heall

Sex, Male or Female, Cross out the word not required in this line.

Age,        Years,        Months, 11 Days.

Color,     red    

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,       

Birthplace, State or Country and how long in the United States, if of foreign birth. Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 30 Stenners Alley

Cause of Death, First, (Primary.) Spasms  
Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 12 1881 James H. Stenn M.D.,

Undertaker, Chas. A. White Commissioner of Health

Place of Business, Granby St Address, + Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Taylor



Permit No. 47363

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, April 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen F W<sup>m</sup> Birmingham

Sex, Male or Female, { Cross out the word not required in this line. } (Female)

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 5 Minutes Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 140 S. Central Ave

Cause of Death, { First, (Primary.) \_\_\_\_\_  
Second, (Immediate.) unknown (Infantile)

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Ave

Date of Burial, April 12<sup>th</sup> 1881

{ Undertaker, Peter Frey

{ Place of Business, 91 Eastern Ave Address, Commis of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Taylor

Permit No. *47364*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, *April 11, 1881*  
 Full Name of Deceased, *Maggie Forsythe Arnold*  
Write legibly and spell correctly. If an infant not named, give names of parents.  
 Sex, Male or Female, *Female*  
Cross out the word not required in this line.  
 Age, *3* Years, *10* Months, *—* Days.  
 Color, *White*  
 Married, Single, Widow or Widower, *—*  
Cross out the word not required in this line.  
 Occupation, *—*  
 Birthplace, *Balto. Md.*  
State or Country and how long in the United States, if of foreign birth.  
 Duration of Residence in the City of Baltimore, *during life*  
 Place of Death, *\* 327 N. Bond St.*  
Give street and number.  
 Cause of Death, *Pertussis*  
First, (Primary.)  
*Bronchitis*  
Second, (Immediate.)  
 Duration of Last Sickness, *2 or 3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Balti. Cemetery*  
 Date of Burial, *April 13<sup>th</sup> 1881*  
 Undertaker, *Henry W. Mears*  
 Place of Business, *45 N. Gay St* Address, *\* 305 N. Caroline St.*  
*Geo. A. Hartman M.D.,*  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47365

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, 12<sup>th</sup> April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Mullan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years, Months, Days.

Color,

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Manhattan County (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Asylum of the Little Sisters of the Poor, cor. John and Valley Streets

Cause of Death, { First, (Primary) Septicemia  
Second, (Immediate) }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, 13<sup>th</sup> April 1881

Undertaker, J. W. Hough

Place of Business, 320 Penna Ave Address, Eager & Culbert

Wm. Brooke Boyle M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47366

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Caroline Thomas

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, 12 Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 26 Ramsey St

Cause of Death, { First, (Primary.) } Diphtheria  
Second, (Immediate.) Apnoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, April 13

{ Undertaker, H. Brule

{ Place of Business, Kinnel St 81

A. W. Colburn M.D.,  
Medical Attendant.

Address, 343 N. Lombard St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47367

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

April 12th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Davis

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Four (4) Years,

Months, Eleven (11) Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

1351 E. W. Hubbard Street

Cause of Death, { First, (Primary.) }

Scarlatinal Diphtheria

Second, (Immediate.)

Septicemia

Duration of Last Sickness,

Four days

All the above information should be furnished by the Physician.

Place of Burial, St. Elizabeth's Church

Date of Burial, April 15, 1881

Signature of Medical Attendant

M.D.,

Medical Attendant.

Undertaker, Henry Block

Place of Business, 209 Central Ave Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, April 12, 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Conrad Wagner

Sex, Male or Female, Cross out the word not required in this line. Male

Age, 2 Years, 1 Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) 596 Harford avenue, Balt., Md

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number. 596 Harford avenue

Cause of Death, (First (Primary), Second (Immediate).) Scarlet Fever  
Exhaustion

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery A A Clewell M. D.

Date of Burial, April 14th Medical Attendant

{ Undertaker, Ulrich Schmidt Address 539 Harford avenue

{ Place of Business, 263 E Eager str

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. 47369

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *April 12<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Susan W. Thomas*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *67* Years, Months, Days.

Color, *White*

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *house*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Worcester Co. Pa.*

Duration of Residence in the City of Baltimore, *abt 6 years*

Place of Death, { Give street and number. } *132 St Paul St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Colic Asthenia*

Duration of Last Sickness, *Four days*

All the above information should be furnished by the Physician.

Place of Burial, *Landon Park*

Date of Burial, *April 14<sup>th</sup> 1881*

Undertaker, *H. W. Jenkins & Son*

Place of Business, *75 N. Charles St* Address,

*Alfred H. Smith* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within ~~twenty~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday, April 12<sup>th</sup>, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May Loue Smith.

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Years, 6 Months, 13 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give street and number } 253 71<sup>st</sup> Eden St.

Cause of Death { First, (Primary,) Phthisis Pulmonalis, Second, (Immediate,) Life time.

Duration of last Sickness, Life time.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, April 13<sup>th</sup>, 1881.

Underwriter, Wm. H. Hickman

Place of Business, 234 N. Gay St. Address, 25 1/2 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DUKANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Dillon

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 71 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Nil

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland - 27 yrs

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, { Give street and number } 35 - Hillen St

Cause of Death, { First, (Primary, (Heart Disease) - I don't know as I was ever called 4 hrs before Second, (Immediate,) Apoplexy 13 hrs

Duration of last Sickness, 13 hrs

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, April 14, 1881

Undertaker, James D Byrne

Place of Business, No 63 N. Front St Address, 143 N. E. 1st St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 12<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Marcella Norton & Mathewson

Sex, Male or Female, Cross out the word not required in this line.

Age, 5 Years, 5 Months,  Days.

Color, White Sex, Male

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.) Baltimore Md

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, Give street and number. 277 N. Henry St

Cause of Death, First (Primary), Second (Immediate). Pulmonary Catarrh  
Tubercular Phthisis

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem Wm D. S. Larkin M. D.

Date of Burial, April 13<sup>th</sup> 1881 Wm D. S. Larkin Medical Attendant.

Undertaker, H. Lewis Schaefer Address 119 N. Trunton

Place of Business, 119 N. Trunton

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47373

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 13 "1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernhard Steigman

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,        Years, 4 Months, 2 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 188 N. Eden St

Cause of Death, { First, (Primary.) Mal Nutrition (artificial) Second, (Immediate.) Spasms

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, April 13 "1881

{ Undertaker, W. Dwyer } { Medical Attendant, J. M. Stearns, M.D., } { Comm of Health, Registrar }

{ Place of Business,        } { Address,        }

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. P. Smith

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47374*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, *April 13*

Full Name of Deceased, *Owen Carley*

~~Sex, Male or Female~~, { Cross out the word not required in this line. }

Age, *72* Years, Months, Days.  
Color, *White* Sex, *Male*

~~Married, Single, Widower~~, { Cross out the words not required in this line. }

Occupation, *Market Man*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Ireland*

Duration of Residence in the City of Baltimore *35 years*

Place of Death, { Give street and number. } *87 Amity St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Pneumonia*

Duration of Last Sickness, *6 days*

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

Date of Burial, *April 14 1881*

{ Undertaker, *Matthew Cadogan*

{ Place of Business, *227 Mulberry St*

*Frank M. D.*  
Medical Attendant.

Address *187 Saratoga St*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Brandt

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 4 Years, 2 Months, 23 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Living with Parents

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 160 South Chapel St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Paralysis

Duration of last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, St. Bernard's Church

Date of Burial, April 14 A. V. Goswiler, M. D. Medical Attendant.

{ Undertaker, Henry J. J. J.

{ Place of Business, 282 Canton St Address, 44 S Ann St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 47376

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

April 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Oliver (Mother)

Sex, Male or Female, { Cross out the word not required in this line.

Female

Age,

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line.

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number.

7. 16<sup>th</sup> King St.

Cause of Death, { First, (Primary.)

Second, (Immediate.)

Inanition

Duration of Last Sickness,

Since birth

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 13<sup>th</sup> 81

{ Undertaker, W. N. Dungee

{ Place of Business,

Address,

Comm of Health  
Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

By Jos. V. Patrick

# Board of Health, City of Baltimore,

Permit No. 47377

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, April 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josiah Lloyd

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 52 Years, — Months, — Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, unknown

Place of Death, { Give street and number. } St Joseph's Hospital ✓

Cause of Death, { First, (Primary.) Second, (Immediate.) } Chronic Bright's Disease  
traumatic poisoning

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, C.P. Cemetery

Date of Burial, April 13

{ Undertaker, Satchell Mullin

{ Place of Business, St Joseph's Hospital

Chas B Goldsborough M.D.,  
Medical Attendant.  
Capt. Aug. W. Morris  
Address, St Joseph's Hospital

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



Attention of Physicians is respectfully invited to the remarks below, and to last of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 12<sup>th</sup> 1891

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mamie Appleby

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 Years, 1 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 72 S. Stricker St. Balto.

Cause of Death { First, (Primary) Diphtheria  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Ch.

Date of Burial, April 14<sup>th</sup> 10 A. M. Chas. M. Huntington M. D.

Medical Attendant.

{ Undertaker, L. B. Cook

{ Place of Business, Balto Ct Address, 373 N. Fayette St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. PULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47379*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *April 12<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Stephen Edward Plante*

Sex, *Male* or *Female*, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, *Six* Months, *Sixteen* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

*Baltimore City*

Duration of Residence in the City of *Baltimore*,

Place of Death, { Give street and number }

*12 Gilbert Street*

Cause of Death { First, (Primary.)

*Croupy Bronchitis*

Second, (Immediate.)

Duration of last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 13 1881*

Undertaker, *Abraham Wayman*

Place of Business, *113 Saratoga St*

*H. S. Borrie*

M. D.

Medical Attendant.

Address, *Northwestern Building*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47380

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, April 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Tilghman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 0 Months, 0 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 3. Chestnut St

Cause of Death, { First, (Primary.) } Cold  
{ Second, (Immediate.) } Bronchitis

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13 1881

Undertaker, A. Wayman

Place of Business, Saratoga St Address, Comm of Health Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. P. Smith

[OVER.]



Permit No. 47381

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 12, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Frances Dorsey

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, Colored.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number. } 101 N. Dallas St.

Cause of Death, { First, (Primary.) } Acute Meningitis.  
{ Second, (Immediate.) } One day.

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, April 13<sup>th</sup> 1881

{ Undertaker, Charles A. White } George A. Ashe, M.D.,  
{ Place of Business, 35 Granby St } Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 10 April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. H. Ward - Annie Ward

Sex, Male or Female, { cross out the word not required in this line. } female (Parents)

Age, 25 Years, 1 Months, 1 Day

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give street and number } 26 Pearl St

Cause of Death, { First, (Primary.) Early birth - 6th month pregnancy  
Second, (Immediate,) }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Apr 13 L. E. Richards M. D.  
Medical Attendant.

{ Undertaker, Wm. J. Ward

{ Place of Business, 26 Pearl St Address, 224 West Fayette Street

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jane R Turner Ms

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 74 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White  
widow

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Georgia

Duration of Residence in the City of Baltimore, About 6 months

Place of Death, { Give street and number } 404 N Calhoun St

Cause of Death { First, (Primary,) Paralysis  
Second, (Immediate,) As -

Duration of last Sickness, About five months

All the above information should be furnished by the Physician.

Place of Burial, Savannah, Ga.

Date of Burial, April 14 Wm. Hammond M. D.  
Medical Attendant.

Undertaker, Wm. Weaver

Place of Business, 202 N Eutamia St Address, 64 N Paca St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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Permit No. 47384

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 11, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Joseph

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

Months,

about 14

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Foundling

Duration of Residence in the City of Baltimore,

life

Place of Death,

Give street and number.

St Vincent Infant Asylum

Cause of Death,

First, (Primary.)

Conjunctal Syphilis

Second, (Immediate.)

anemia

Duration of Last Sickness,

from Birth

All the above information should be furnished by the Physician.

Place of Burial,

Bornice Bae

Date of Burial,

April 13, 1881

Undertaker,

J. Brannigan

Place of Business,

156 Division St

Markus Brewer

M.D.,

Medical Attendant.

Address,

58 McCallum Street

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47386

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 10. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Sempu

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, Years, Months, 6 weeks Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, { Give street and number. } St. Vincent's Infant Asylum

Cause of Death, { First, (Primary.) Marasmus  
Second, (Immediate.) Spasm }

Duration of Last Sickness, when admitted

All the above information should be furnished by the Physician.

Place of Burial, Pointe Blanche

Date of Burial, April 13. 1881

Medical Attendant, Marking Brewer M.D.

{ Undertaker, Jos. Brannigan  
Place of Business, 152 Division St. }

Address, 68 McCulloch St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 11th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lizzie Bow

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, about 30

Years,

Months,

Days.

Color, ~~W~~

Married, ~~Single~~, ~~Widow~~, ~~Divorced~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Archester, Somerset Co Md

Duration of Residence in the City of Baltimore,

12 yrs

Place of Death, { Give street and number }

8 Cedar Row

Cause of Death { First, (Primary,) Second, (Immediate,) }

Unknown

Duration of last Sickness,

in bed 3 weeks, ailing 6 months

All the above information should be furnished by the Physician.

Place of Burial,

Galles of Cemetery

Date of Burial,

April 13th 1881

Undertaker,

Thos J. Locks

Place of Business,

13 Jefferson St

Address,

201 W. Biddle St

R. Winslow

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Oliver C. Grogan

Sex, *Male or Female*, { cross out the word not required in this line. }

Age, 5 Years, 4 Months, 21 Days.

Color, \_\_\_\_\_

*Married, Single, Widow or Widower*, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bald. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 249 Len St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Diphtheria  
Paralysis

Duration of last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 14<sup>th</sup> 1881

{ Undertaker, Wm. G. Totten Medical Attendant, J. D. Smith M. D.

{ Place of Business, 65 S. Euterne Address, 221 B...

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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(OVER)

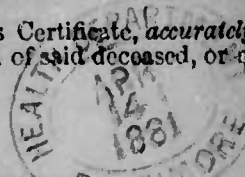
# Board of Health, City of Baltimore,

Permit No. 47389

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, April 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hellen Corcoran

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 6 Months,  Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 63 Linden Avenue

Cause of Death, { First, (Primary.) Scrophulous  
Second, (Immediate.) Pericarditis & Effusion }

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie's Place

Date of Burial, April 14<sup>th</sup> 1881

{ Undertaker, Jas. H. Byrne

{ Place of Business, 27 N. Liberty St. Address, 4 Cathedral St.

Dr. Scauff M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 12<sup>th</sup> 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Brown

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 32 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give street and number } 183 Lysan St

Cause of Death { First, (Primary.) \_\_\_\_\_  
Second, (Immediate.) Consumption

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13 1888

Medical Attendant, W. A. Gilliss M. D.

{ Undertaker, Wm. A. Grebel  
Place of Business, 160 N. Euterpe St Address, 183 N. Euterpe St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

Permit No. 47391

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, April 12<sup>th</sup> 1881  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Goddard  
 Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }  
 Age, 66 Years, Months, 11 Days.  
 Color, White.

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }  
 Occupation, Baltimore

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 49 Mulberry St. (Cincinnati)

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cancer of breast & subsequently general pain & exhaustion.

Duration of Last Sickness, Gradual decline for some weeks.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Apr 14<sup>th</sup> 1881

{ Undertaker, J. B. Cook

{ Place of Business, 107 W. Baltimore Street Address, Park Ave & Wilkes St.

John S. Lang M.D.,  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Smith

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 5 Years, 7 Months, 7 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } none

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 15 Union alley

Cause of Death { First, (Primary.) diphtheria  
Second, (Immediate.) apnoea

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Samuel Barnett

Date of Burial, April 14<sup>th</sup> 1881 Wm. N. Hill M. D.  
Medical Attendant.

{ Undertaker, Mc & Locke

{ Place of Business, 703 Jefferson Address, 1962 Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47393

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *April 12 1881*Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Thomas Price son of Silman Price*

Sex, Male or Female, { cross out the word not required in this line. }

Age, *7* Years, *10* Months, *14* Days.Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Boy*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *5 yrs*

Place of Death, { Give street and number }

*80 Market-Place near*

Cause of Death, { First, (Primary,) Second, (Immediate,) }

*Pneumonia*Duration of last Sickness, *Three days*

All the above information should be furnished by the Physician.

Place of Burial, *St Vincent's Cemetery*Date of Burial, *April 14 1881**Alfred Sherrill*

M. D.

Medical Attendant.

{ Undertaker, *James D. Byrne*{ Place of Business, *No 63 N Front St*Address, *11 S. 14th St*

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 47394

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, April 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. O'Connor

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 69 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 53 years

Place of Death, { Give street and number. } 337 W. Lombard St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Hemiplegia (apopleptic)  
Hypostatic Pneumonia + Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, April 14th 1881

{ Undertaker, Hoff Jenkins & Son Place of Business, 75 W. Chas St }

Address, \_\_\_\_\_

Chas. O. Donovan M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, April 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Capt. James McHenry

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 51 Years, Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Civil Engineer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } No. 42 Whatevat St.

Cause of Death, { First (Primary,) Brights Disease of the Kidney  
Second (Immediate,) Asthenia

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 18

Undertaker, J. J. Chapman

Place of Business, 341 Pen ar

Address 308 W. Fayette St.

W. W. Mounsey M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Thursday April 13 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georgiana Bailey

Sex, *Male or Female*, { cross out the word not required in this line. } \_\_\_\_\_

Age, 47 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, *Singles, Widow or Widower*, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, Wash & Iron

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Has always lived here

Place of Death, { Give street and number } No 3 Clarksons Alley

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cancer of Breast

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, April 14 1881 Amos M. D.

Medical Attendant.

{ Undertaker, Or. Mary Queen

{ Place of Business, Balto Co Address, 561 N. Fayette St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DEANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *Frederick Miller*  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *April 13th 1881*  
Sex, Male or Female, { Cross out the words not required in this line. } *Male*  
Age, *35* Years, Months, Days  
Color, *White*  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Married*  
Occupation, *Laborer*  
Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Germany*  
Duration of Residence in the City of Baltimore, *23 years*  
Place of Death, { Give street and number. } *No 36 Lancaster St,*  
Cause of Death, { First (Primary,) *Meningitis*  
Second (Immediate,) *Mania Potu* }  
Duration of Last Sickness, *5 days*  
All the above information should be furnished by the Physician.  
Place of Burial, *St. Alphonsus Cem.*  
Date of Burial, *April 14th*  
{ Undertaker, *Wm. D. Phipps*  
Place of Business, *1 Bond St. 751* }  
Thomas J. Evans, M.D.  
Medical Attendant.  
Address, *22 Jackson Place*

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully invited to the Remarks below, and to the use of the back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, 13th April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Rumpel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 3 Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give street and number }

A. Bond Street 238

Cause of Death, { First, (Primary,) Second, (Immediate,) }

Pneumonia

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, 1st E. L. Cemetery

Date of Burial, April 14 1881

William Kessel M. D.  
Medical Attendant.

{ Undertaker, Julius Haack

{ Place of Business, S. Bond St 240

Address, S. Bond St 240

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

Permit No. **47399**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, **April 13th 1881**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **John H. Hurns**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **Years, 40 1/2** **Months, Eight** **Days,**

Color, **White**

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } **Baltimore city**

Duration of Residence in the City of Baltimore, **From birth**

Place of Death, { Give street and number. } **No 39 Woodward St**

Cause of Death, { First, (Primary.) Second, (Immediate.) } **Diphtheria**

Duration of Last Sickness, **Ten days**

All the above information should be furnished by the Physician.

Place of Burial, **Western Cemetery**

Date of Burial, **April 15th 1881**

Undertaker, **John H. Hurns**

Place of Business, **Paca & Camden**

Medical Attendant, **Geo. W. Burkman M.D.**

Address, **10 Fairmount Ave**



Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 18 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Alta Ringer Wife of Richard  
or Ringer

Sex, Male or Female, { cross out the word not required in this line. }

Male

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

Corner N. Frederick St. and Fayette St.

Cause of Death { First, (Primary.)

Perforation of Heart

Second, (Immediate.)

Likely 3. 4. months

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 14<sup>th</sup>

Undertaker, Henry Sander

Place of Business, 252 Canton Ave. Address, \_\_\_\_\_

John H. Ph. Parson M. D.  
H. H. E. Lumbard Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Berna Frisby

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 18 Years, — Months, — Days.

Color, Celand

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Mid

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 17 years

Duration of Residence in the City of Baltimore, 5 slamtu harn al

Place of Death, { Give street and number } 5 slamtu harn al

Cause of Death { First, (Primary,) Consumption  
Second, (Immediate,) 5 months

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 15<sup>th</sup> 1881

Undertaker, David M. Chase

Place of Business, 198 S. Howard St Address, Harmon Barr St

R. C. Lee M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. 47402

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or soon after, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, April 14, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } M. J. Thomas

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 39 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } 110 N. Pleasant St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Dropsy

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Leary Chd Road

Date of Burial, April 16, 1881

{ Undertaker, Denny & Munk } Medical Attendant, J. H. E. M.D.,

{ Place of Business, 68 S Broadway Address, J. H. E. }

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 13th April 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Max Vincelous Reschig

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 1 Years, 3 Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, { Give street and number } Shakespeare Street 8.

Cause of Death, { First, (Primary.) Hydrocephalus chronicus  
Second, (Immediate,) Convulsiones

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, S. Allenges Cemetery

Date of Burial, April 15th 1881

Undertaker, Leonhard Curry

Place of Business, S. Bond St. No. 272

William Hennel

M. D.

Medical Attendant.

Address, S. Wolpert St. 112

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[0742.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edgar Evans Lewis

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 8 Years, 9 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) Malignant Diphtheria  
Second, (Immediate,) Pyæmia and Exhaustion  
4 days 12 hours

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Yondont Park Ave

Date of Burial, April 15<sup>th</sup> 1881

Undertaker, M. A. Daiger

Place of Business, 740 S. Broadway

Dr. M. Hammond M. D.  
Medical Attendant.

Address, 644 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Voneiff

Sex, Male or Female, { cross out the word not required in this line. }

Age, 69 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Heerlen Harmsstadt - Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number } 2010 E. Green St

Cause of Death { First, (Primary.) Apoplectic trouble  
Second, (Immediate,) hemorrhage internal

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 16<sup>th</sup> John V. Voneiff M. D.  
Medical Attendant.

{ Undertaker, John Deufel

{ Place of Business, 796 W. Baltimore St Address, W. B. Franklin St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47406

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 14<sup>th</sup> - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eleanor, McBready

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 24 Years, Months, Days.

Color, White -

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 18 years -

Place of Death, { Give street and number. } 391 E. Madison St.

Cause of Death, { First, (Primary.) Concussion of Brain from  
Second, (Immediate.) A fall down stairway

Duration of Last Sickness, 2 days -

All the above information should be furnished by the Physician.

Place of Burial, Ball's Cemetery

Date of Burial, April 16, 1881

Undertaker, John W. Jackson

Place of Business, 528 N. Gay St.

Address, Broadway & Madison St.

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Joseph Wilson, Maltese

Sex, Male or Female, { cross out the word not required in this line. }

Male

Age, 3 Years, 1 Months, 13 Days.

Color,

Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

None

Occupation,

Battman City

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

3 years 1 month + 13 days

Place of Death, { Give street and number }

No 121, Prince St.

Cause of Death { First, (Primary.) Second, (Immediate.) }

Scrophula

Anasarca

Six weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15<sup>th</sup> 1881

Undertaker, S W Chase

Place of Business, 198<sup>th</sup> Howard St

Edward M. Wise

M. D.

Medical Attendant.

Address,

Gilman & Lexington Sts

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47408

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *April 14 - 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Guy Louis*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *Three (3)* Years, *Months,* *Days.*

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *No. 23 E. Hoffman St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pertussis (Whooping Cough)*  
*Eclampsia (convulsions)*

Duration of Last Sickness, *10 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 15<sup>th</sup> 1881*

{ Undertaker, Henry W. Mears

{ Place of Business, 45 N. Gay St

*Geo. J. Taylor* M.D.,  
Medical Attendant.

Address, *222 N. Broadway*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

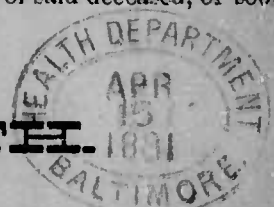
# Board of Health, City of Baltimore,

Permit No. 47409

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, April 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helena Asch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give street and number. } 98 Cross St

Cause of Death, { First, (Primary.) Broncho-Pneumonia  
Second, (Immediate.) }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 15th 1881

{ Undertaker, F. Lewis Schaefer

{ Place of Business, 109 N. Fremont Address, ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 14 / 87  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Morris  
Sex, Male or Female, { cross out the word not required in this line. } Female  
Age, 26 Years, 1 Months, 25 Days.  
Color, E. C.

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Queen Anne's Co. Md

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, { Give street and number } 62 Oxford St

Cause of Death, { First, (Primary.) Second, (Immediate,) } Consumption of Lungs

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Princess Ann Burial Co. Md

Date of Burial, Apr. 16" 1887

Undertaker, Wm H. Bishop & Co.

Place of Business, 97 Druid St. An.

Address, \_\_\_\_\_

G. W. Ames M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. - And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

21457 Transit



The Special Attention of Physicians is respectfully invited to the following

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Francis J. J. Albee

Sex, Male or Female, { cross out the word not required in this line. }

Age, 66 Years, 5 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number }

44 Catherine St

Cause of Death { First, (Primary.) }

Typhoid Fever

Second, (Immediate.)

Duration of last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Brown Cemetery

Date of Burial, April 15/81 Thomas Shearer M. D.

Medical Attendant.

Undertaker, Stewart & Mawer

Place of Business, 33 Bow Ave

Address, 97 N Charles St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

# Board of Health, City of Baltimore

Permit No. 17412

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 12 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. John Klauner

Sex, ~~Male~~ or ~~Female~~, Cross out the word not required in this line.

Age, 55 ~~Years~~, 4 Months, 5 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.

Occupation, Tailor

Birthplace, State or Country and how long in the United States, if of foreign birth. Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, Give street and number. 29 S. North

Cause of Death, First, (Primary.) Typhus abdominalis  
Second, (Immediate.) Shaver

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday April 17

Undertaker, Mr. Frank

Place of Business, 33 Bank St Address, 245 S. Baltimore

Flathits M.D.,  
 Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17413

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Apr 13/88  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth J Welch  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 50 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Thirty-five years

Place of Death, { Give street and number. } 598 N Fayette St.

Cause of Death, { First, (Primary.) Softening of Brain  
Second, (Immediate.)

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Apr 15, 1888

{ Undertaker, Henry Mitchell

{ Place of Business, 550 N Fayette St Address, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *April 14 1881*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Mary Elliott Staves*

Sex, ~~Male~~ or Female, Cross out the word not required in this line. *Female*

Age, *21* Years, *9* Months, *15* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, Cross out the words not required in this line. *Single*

Occupation, *Sady*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Balt: City*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, Give street and number. *812 Franklin St*

Cause of Death, First (Primary,) Second (Immediate,) *Spinal Disease for years*  
*Pneum. Abscess*

Duration of Last Sickness, *About one year*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*

Date of Burial, *April 14 1881*

Undertaker, *Denny & Mitchell* Address *71 Franklin St.*

Place of Business, *530 W. Fayette St.*

*A. R. M. Howard M. D.*  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47415

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 14 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Nancy Kleinednist

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 14 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Co

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } 53 E monument

Cause of Death, { First, (Primary.) Second, (Immediate.) } Dyspho. malarial fever  
Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, April 16 1881

Date of Burial, Balto County George R. Snyder M.D.,  
Medical Attendant.

Undertaker, J P Byrne

Place of Business, Front St Address, Calvert Monument St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2146 Transit

Permit No. 47416

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *April 14th -*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Sarah Murphy*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *34* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *Housewife*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *No 18 Jackson St*

Cause of Death, { First, (Primary.) *An obscure Neuropathic condition.*  
Second, (Immediate.) *Mania*

Duration of Last Sickness, *Has been an invalid for 5 or 6 years*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 16 1881*

{ Undertaker, *Geo H. Weaver & Co*

{ Place of Business, *N 22 West Fayette St* Address, \_\_\_\_\_

*Wm. Whitridge* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Apr 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Litzinger

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 4 4 Years, 10 Months,        Days.

Color, white

~~Married~~, Single, ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Labourer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Hanford Co Md

Duration of Residence in the City of Baltimore, 9 months

Place of Death, { Give street and number } 5 South Oregon St

Cause of Death { First, (Primary,) Second, (Immediate,) } Erysipelas (General)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Hanford Co. Md

Date of Burial, April 16

Undertaker, J B Cook

Place of Business, 702 West Butler

Address, 762 Stoca St

J H Joney M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Apr. 13<sup>th</sup> 1887

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary Wilmor

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 25 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Cook

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } N.C.

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, { Give street and number } 532 Little Pleasant St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Confinement  
Heart Clot

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Church

Date of Burial, April 15, 1887 J. H. Drunkam M. D.  
Medical Attendant.

Undertaker, John J. O'Connor

Place of Business, 1263 Park Ave. Address, 307 N. Calvert St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47419

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Morris Nix

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, — Months, 2 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 328 S. Bond St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Perinatal Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Michael's

Date of Burial, April 16/81

Undertaker, W. Nippel

Place of Business, Commissioner of Health

Address, Commissioner of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Geo. E. Brown [OVER.]



# Board of Health, City of Baltimore,

Permit No. 47420

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 13. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susie Wottons (mother)

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — Years, — Months, 3 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 21 Little Walsh St

Duration of Residence in the City of Baltimore, 3 days

Place of Death, { Give street and number. } 21 Little Walsh St

Cause of Death, { First, (Primary.) Convulsions  
Second, (Immediate.) 3 days

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, W. Paul Cemetery

Date of Burial, April 15<sup>th</sup> 1887

{ Undertaker, F. A. Kerchner

{ Place of Business, — Address, Alexander Tausky M.D., Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 47421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 14, 1881  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Eyer (Eiser)  
 Sex, Male or Female, { Cross out the word not required in this line. }  
 Age, 1 Years, 6 Months, Days.

Color, White  
 Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 156 Cross St

Cause of Death, { First, (Primary.) } Tubercular Meningitis  
 { Second, (Immediate.) }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Airy Cemetery

Date of Burial, April 16<sup>th</sup> Dr. George Cook M.D.,

{ Undertaker, B. Harle

Medical Attendant.

{ Place of Business, No. 82 West Street Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health, City of Baltimore,

Permit No. 47422

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 13th. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Henry Link

Sex, Male or Female { Cross out the word not required in this line. } Male

Age, One Years, Five Months, — Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~ { Cross out the word not required in this line. }

Occupation, Life

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } N.W. Cor. Howard & Emory streets

Cause of Death, { First, (Primary.) Second, (Immediate.) } Croup, membranous  
Asphyxia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 15th. 1881.

{ Undertaker, Wm. H. Schiffman

{ Place of Business, 234 N. Gay St.

De Lancey, M.D., M.D.,  
Medical Attendant.

Address, 47 Cornhill

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 47423

Health, City of Baltimore,  
Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death,

April 14, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Julius Dougherty

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years,

Months,

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

City

Life

Duration of Residence in the City of Baltimore,

91 N. Eutaw St

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Unsound mind

Suicide - Cut his Throat with Razor

10 minutes

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, April 16<sup>th</sup> 1881

Alexander Tinsley

M.D.,

Medical Attendant.

{ Undertaker, Andrews & Hodge

{ Place of Business, No 416 Grand Hotel

Address,

Corner -

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Hess

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 61 Years, 11 Months, — Days.

Color, White

~~Married, Single,~~ Widow or ~~Widower,~~ { Cross out the word not required in this line. }

Occupation, Harrietary Penna

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Harrietary Penna

Duration of Residence in the City of Baltimore

Place of Death, { Give street and number } 143 N. Eutan st

Cause of Death { First, (Primary.) } Phthisis pulmonalis  
{ Second, (Immediate.) }

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, April 16th 1881

Undertaker, Andrews & Hedges

Place of Business, 164 N. G. Street Address, 164 N. Paca St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *actually filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 15<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Soloman Shwab

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, 66 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Wine Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, { Give street and number } Tremont St & Burgundy Alley

Cause of Death { First, (Primary,) Apoplexy  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Ches. Shalom Cemetery

Date of Burial, April 16<sup>th</sup> 1881 J. H. Murray M. D.  
Medical Attendant.

{ Undertaker, Wm. Eilan

{ Place of Business, 101 Gough St Address, \_\_\_\_\_

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 47426

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Horace Smith.

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. } Male

Age, 25 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married.

Occupation, Carter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Charles Co. Md.

Duration of Residence in the City of Baltimore, 5 years & 6 mos.

Place of Death, { Give street and number } 31 Larcum Alley.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis.

Duration of last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Har-Port Cemetery

Date of Burial, April 16<sup>th</sup> 1881

Undertaker, J. H. H. H. H.

Place of Business, 317, Mulberry St.

Chr. Johnston, Jr. M. D.  
Medical Attendant.

82 Franklin St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

to be filled out and returned to the Board of Health on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47427

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH.

Date of Death, April 15<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sam B. Glenn

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 42 Years,        Months,        Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, Blacksmith

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } No 85 N. Front St

Cause of Death, { First, (Primary.) Chronic Gastritis }  
{ Second, (Immediate.)        }

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery Philadelphia road

Date of Burial, April 17<sup>th</sup> 1881 J. P. Yeates M.D.,  
Medical Attendant.

{ Undertaker, James P. Byrne }

{ Place of Business, No 63 N. Front St Address, 137 N. 2<sup>nd</sup> St }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47428

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 15, 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth MerchantSex, Male or Female, { cross out the word not required in this line. }Age, 77 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 166 Pierce St.Cause of Death, { First, (Primary,) \_\_\_\_\_ Second, (Immediate,) \_\_\_\_\_ } Old Age

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mount OlivetDate of Burial, April 17<sup>th</sup> 1881{ Undertaker, Wm Weaver } J. W. C. Cuddy M. D.  
Medical Attendant.{ Place of Business, No 202 N. Eutan } Address, 313 Franklin St.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47429

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Annie McCallSex, ~~Male~~ or Female, { cross out the word not required in this line. }Age, 38 Years, (?) Months, (?) Days.Color, WhiteMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }Occupation, Last occupation, book-folding

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

BaltimoreDuration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number }

28 Etting St.

Cause of Death, { First, (Primary.) }

Pulmonary Consumption

{ Second, (Immediate.) }

AsthmaDuration of last Sickness, four years

All the above information should be furnished by the Physician.

Place of Burial, St Vincent CemDate of Burial, April 17<sup>th</sup> 1881

W J M L D M. D.  
Medical Attendant.

{ Undertaker, Chas. L. L. L.{ Place of Business, 211 N. E. St.Address, 338 Madison Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 47430

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Apr 15<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Noah Edwin Parlett

Sex, Male or Female, { cross out the word not required in this line. }

Age, 5 2 Years,

10 Months,

5 Days.

Color,

White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Cigar Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number }

185 Paca St

Cause of Death { First, (Primary.)

Bright Disease

Second, (Immediate,)

12 months

12 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mt Olivet Cemetery

Date of Burial,

April 16<sup>th</sup> 1881

J. H. Curney

M. D.

Medical Attendant.

{ Undertaker,

John Macher

{ Place of Business,

Paca 2 Camden sts

Address,

76 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47431

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 15th 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Elizabeth Ann Richter

Sex, Male or Female, Cross out the word not required in this line. Female

Age, 31 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line. Married

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, Give street and number. 16 So Schurder St

Cause of Death, First, (Primary.) Pulmonary  
Second, (Immediate.) Consumption

Duration of Last Sickness, Two (2) yrs.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 17

Undertaker, J B Cook

Place of Business, 407 N. Gattner Address, 41 N. Campbell

Medical Attendant, J C Shinner M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No.

47432

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, 15<sup>th</sup> April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bartholm August

Male or Female, { Cross out the word not required in this line. }

Age, 12 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Melsunger, Germanie

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Asylum of the Little Sisters of the Poor

Cause of Death, { First, (Primary.) } general Debility  
{ Second, (Immediate.) }

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Holy Trinity Cemetery

Date of Burial, 16 April 1881

{ Undertaker, Henry Shesther

{ Place of Business,

M. Brooke Syle

M.D.,

Medical Attendant.

Address, Eager & Calvert

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47433

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 14 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ernest Hartmann

Sex, Male or Female, { cross out the word not required in this line. }

Age, 47 Years, 8 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Saloon Keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, { Give street and number } 74 David Street

Cause of Death { First, (Primary,) Second, (Immediate,) } alcoholism  
Pneumonia

Duration of last Sickness, over a year - indefinite

All the above information should be furnished by the Physician.

Place of Burial, Louder Park

Date of Burial, April 17

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

C. Winslow M. D.  
Medical Attendant.

Address, 23 W. Calverton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIQUERS.

[OVER.]

No. 47434

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47434

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 15<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Pennington

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 37 Years, 8 Months, 4 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married ✓

Occupation, Barber

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Talbot Co Maryland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number } Jews Alley & Marion St N. W.

Cause of Death { First, (Primary,) Phthis Pulmonalis  
Second, (Immediate,) One year

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Easton Maryland

Date of Burial, April 16<sup>th</sup> 1881

Undertaker, Wm. N. Dwyer

Place of Business, No 62 East St

Address, 150 N. Euterby

Medical Attendant, A. S. Gilliss M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]



# Board of Health, City of Baltimore,

Permit No. 474/35

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 16, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lucie Brookins

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 6 Years, Months, Days,

Color, colored,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 7 yrs.

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Phthisis Pulmonalis  
Second, (Immediate.) Exhaustion

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, East m Public Cemetery

Date of Burial, April 16, 1881

G. G. Fusk M.D.,  
Medical Attendant.

{ Undertaker, Patrick McEllin

{ Place of Business, C. S. Patterson PK

Address, Balt. & Wash. Sts.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

to be filled out, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47436

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

April 15, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Etta Laws

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Virginia

Duration of Residence in the City of Baltimore,

one week

Place of Death,

Give street and number.

285 Eutan. St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia

tothemia

4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurie Cemetery

Date of Burial,

April 16

W. S. Booge

M.D.,

Medical Attendant.

Undertaker,

H. Ross

Place of Business,

15 Conway St.

Address,

206 Sharp St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 14th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. Adaline B. Thomas

Sex, Male or Female, { Cross out the words not required in this line. Female

Age, 14 Years, 6 Months, 27 Days

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~: { Cross out the words not required in this line. Single

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. 87 Montgomery Street

Cause of Death, { First (Primary,) Pneumonia  
Second (Immediate,) \_\_\_\_\_

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16

Undertaker, Hercules Ross

Place of Business, 15 Cornwall St

L. Sh. L. Tall M. D.  
Medical Attendant.

Address, 406 Cross St.

#### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47438

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, April 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Seitz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years, Months, Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Housekeeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } No 232 N Charles Street

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Augusta Ga.

Date of Burial, C. B. Gamble M.D.,

{ Undertaker, H. W. Jenkins Son, }

{ Place of Business, No 75 N Charles. } Address, 509 Cathedral

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2147 Francis

...to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 47439

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, April 15 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles H Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 7 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 100 S. Howard St

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, { Give street and number. } 100 S. Howard St

Cause of Death, { First, (Primary.) Diphtheria  
Second, (Immediate.) }

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 17 1881 M.D.,

{ Undertaker, J. N. Groll Medical Attendant. }

{ Place of Business, 131 Hanover St Address, 610 W. Baltimore St }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47440

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 13<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant of John & Henrietta AndrewsSex, Male or Female, { cross out the word not required in this line. } MaleAge, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 22 Days.Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 41 HamburgDuration of Residence in the City of Baltimore, 22 daysPlace of Death, { Give street and number } 41 HamburgCause of Death, { First, (Primary,) Marasmus (Rubsala of mother at its birth)  
Second, (Immediate,) AsthmaDuration of last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Seaton HillDate of Burial, April 17/81 R. B. Fishburne M. D.

Medical Attendant.

{ Undertaker, Wm. Strong & Co.{ Place of Business, 263 Legh St. Address, Light & Leaps**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



No. 47441

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47441

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 14th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amelia Watts

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Sixty Six Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married ✓

Occupation, Horsekeeping

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Howard, S. Co Maryland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, { Give street and number } 57 S. Montgomery St.

Cause of Death, { First, (Primary,) Chronic gastro-hepatic disease  
Second, (Immediate,) Inanition and cerebral-congestion

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Marble Cemetery

Date of Burial, April 17 1881

Undertaker, B. S. Wehase

Place of Business, 148 S. Howard Address, 146, Hill St.

*[Signature]*  
V. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

to the remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *47442*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, *April 15 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Wm. B. Smith*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *64* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } *Married*

Occupation, *Brickmaker.*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Absent 30 years returned 5 mos. since*

Place of Death, { Give street and number. } *No. 60 N. Exeter St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Typhoid Pneumonia.*

Duration of Last Sickness, *7 Days.*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cemetery*

Date of Burial, *April 18<sup>th</sup> 1881.*

Undertaker, *Thos. S. Hughes*

Place of Business, *No. 60 N. Exeter St.*

Address, *227 Carrollton Ave.*

*Prof. Powell M.D.,*  
Medical Attendant.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

47443

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, April 15, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Hixson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 25 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, X X X

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and number. } 36 Milliman Street

Cause of Death, { First, (Primary.) Phthisis Pulmonalis }  
{ Second, (Immediate.) }

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 17th of April James E. Drinnille M.D.,  
Medical Attendant.

{ Undertaker, Adam Link

{ Place of Business, 461 N. Gay St Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47444

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

July 16<sup>th</sup> 1887

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Andrew Kratz

Sex, Male or Female,

Cross out the word not required in this line.

Age,

abt 9 or 10

Years,

Months,

Days.

Color,

W

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Ind

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

P. W. B. R. R. Canton Av near Bond St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

3 R. R. accident

Duration of Last Sickness,

Sudden Death

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

April 18. 4 1887

Undertaker,

Leonhard Varty

Place of Business,

277 S Bond St

Chas M. Moxley M.D.,  
Comer & Co Medical Attendant.

Address, 62 E Baltimore St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47445

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 15th April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georg Lambrecht

Sex, Male or Female, { cross out the word not required in this line. }

Age, 23 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, { Give street and number } Canton Avenue 548

Cause of Death, { First, (Primary.) } Tubercular Pulmonary  
Second, (Immediate,) 6 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, April 17th 1881

Undertaker, Benny Mitchell

Place of Business, 65 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS

[OVER]

# Board of Health, City of Baltimore,

Permit No. *47446*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *April 15<sup>th</sup> 1888*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Ann E. Jones*

Sex, Male or Female, Cross out the word not required in this line. *Female*

Age, *37* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the word not required in this line. *Married*

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. *Bald City*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, Give street and number. *346 Eastern St.*

Cause of Death, First, (Primary.) *Pneumonia*  
Second, (Immediate.) *Estimation*

Duration of Last Sickness, *Nine (9) days*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cem.*

Date of Burial, *April 18<sup>th</sup>*

Undertaker, *Henry Sanders*

Place of Business, *252 Canton Ave.*

Address, *7 So. Broadway*

*G. J. Waters* M.D.,  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47447

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, April 18<sup>th</sup> - 8

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Abraham Cobles

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bavaria

Duration of Residence in the City of Baltimore, 21 yrs.

Place of Death, { Give street and number. } 509 W Balto. St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pulmonary Consumption

Duration of Last Sickness, Five Years.

All the above information should be furnished by the Physician.

Place of Burial, Oak Shalom Cemetery

Date of Burial, April 18<sup>th</sup> 1887

Undertaker, Cym Eclaw

Place of Business, 101 Gough St Address, \_\_\_\_\_

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...as below, and to list of Disease on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47448*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, *April 15<sup>th</sup>*  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *William Jay Lee*  
Sex, Male or Female, { Cross out the word not required in this line. } *Male*  
Age, *23* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, *Black*  
~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } *Single*  
Occupation, *Day man*  
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Snow Hill, Md.*  
Duration of Residence in the City of Baltimore, *Five years*  
Place of Death, { Give street and number. } *to 69 Lenox St.*  
Cause of Death, { First (Primary,) \_\_\_\_\_  
Second (Immediate,) \_\_\_\_\_ } *Exposure*  
*Pneumonia*  
Duration of Last Sickness, *Seven months*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*  
Date of Burial, *April 16<sup>th</sup> 1881*  
{ Undertaker, *Wm. N. Dunge*  
Place of Business, *No 62 East St* }  
Address *William Lexington St*  
*Edward M. Wise* M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

## Board of Health, City of Baltimore,

Permit No. *47449*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH

Date of Death, *April 15<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Everett Myers*

Sex, *Male or Female*, { Cross out the word not required in this line. }

Age, *9* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

Married, *Single*, *Widow or Widower*, { Cross out the word not required in this line. }

Occupation, *none*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Baltimore City*

Duration of Residence in the City of Baltimore, *Whole life*

Place of Death, { Give street and number. }

*40 Hillen*

Cause of Death, { First, (Primary.) }

{ Second, (Immediate.) }

*Pneumonia*

Duration of Last Sickness, *5 weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 16<sup>th</sup> 1881*

{ Undertaker, *Wm. N. Dunger*

{ Place of Business, *No 62 East St*

*S. F. Coyner*

M.D.,

Medical Attendant.

Address, *134 N. High St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47450

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 16<sup>th</sup>Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Charles B. ButlerSex, Male or Female, cross out the word not required in this line.Age, 2 Years, 6 Months, 2 Days.Color, WhiteMarried, Single, Widow or Widower, Cross out the word not required in this line.Occupation, NormalBirthplace, State or country, (and how long in the United States, if of foreign birth.) GermanyDuration of Residence in the City of Baltimore, 30Place of Death, Give street and number 254. FenwickCause of Death, First, (Primary.) Acute Diphtheria  
Second, (Immediate.) 18 monthsDuration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Weston CemeteryDate of Burial, April 18<sup>th</sup>Undertaker, H. MillerPlace of Business, Home No 8481Address, 442 Camden StM. D.  
Medical Attendant.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47451

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

April 13<sup>th</sup> 1880

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Francesca Barberi

Sex, Male or Female,

Cross out the word not required in this line.

Age, 60 — Years,

Months,

Days.

Color,

Married, Single, Widower or Widowed,

Cross out the word not required in this line.

Occupation,

Dealer  
Hats

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

about 25 Years

Place of Death,

Give street and number.

67 President Street

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Heart disease from Rheuma-  
tism (Supposed)

Duration of Last Sickness,

Sudden Death

All the above information should be furnished by the Physician.

Place of Burial,

Philadelphia

Date of Burial,

April 18/1881

Undertaker,

James O Byrne

Place of Business,

No 63 N Front St

Chas M. Wolf M.D.,  
Medical Attendant.

Address,

67 E Balto St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transmit Permit No. 2149

Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47452

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

April 15<sup>th</sup> 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mrs Susan F Boyd

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

56

Years,

+

Months,

+

Days.

Color,

White

Married,

Single, Widow or

Widower, Cross out the word not required in this line.

Occupation,

Boardinghouse Keeper

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Dorchester Co Md

Duration of Residence in the City of Baltimore,

Many years

Place of Death,

Give street and number.

53 North Liberty St

Cause of Death,

First, (Primary.)

Frigh

Second, (Immediate.)

Conjestion of Lungs & Haemorrhage

Duration of Last Sickness,

15 minutes.

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

April 17/87

A. F. Krueger

M.D.,

Medical Attendant.

Undertaker,

Stewart & Murrie

Place of Business,

35 Park Ave

Address,

53 N. Charles St Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 47453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

## CERTIFICATE OF DEATH.

Date of Death, April 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm L. Kaiser

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, 25 Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 163 S. Wolfe St.

Cause of Death, { First, (Primary.) Spasms  
Second, (Immediate.) }

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem

Date of Burial, April 17<sup>th</sup> 1881

{ Undertaker, Leonard Ritz

{ Place of Business, 129 1/2 S. Broadway Address, Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Ex by Jas V. Patrick

No. 47454  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47454

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, April 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Finney

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 41 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Oyster Sheller

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Eastern Shore Md

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, { Give street and number. } 128 Mulliken St

Cause of Death, { First, (Primary.) Softening of the Brain }  
{ Second, (Immediate.) }

Duration of Last Sickness, 9 mos

All the above information should be furnished by the Physician.

Place of Burial, Ashbury G. Cem

Date of Burial, April 17<sup>th</sup> 1881

Undertaker, Geo J. Locks

Place of Business, 73 Jefferson

E. G. Waller M.D.,  
Medical Attendant.

Address, 27 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47455

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, April 16 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara D. Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 7 Years, 19 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 74 Jefferson St.

Cause of Death, { First, (Primary.) Enteritis  
Second, (Immediate.) Convulsion. } ✓

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, Samuel Kennedy

Date of Burial, April 17<sup>th</sup> 1881

{ Undertaker, Messrs. Lach } Geo. J. Payler M.D.,  
Place of Business, 13 Jefferson St. Address, 222 N. Broadway Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *47456*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, *April 10<sup>th</sup> 1881*

Full Name of Deceased, *John Beck*

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Male* or Female, Cross out the word not required in this line.

Age, *50*

Years, *5*

Months, *5*

Days.

Color, *W*

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, *Printer*

Birthplace, *Baltimore*

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *50*

Place of Death, *Cor. Baltimore & Calto St*

Give street and number.

Cause of Death, *Accident*

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, *Sudden Death*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 11<sup>th</sup>*

*Chas M. Moore* M.D.,  
Medical Attendant.

Undertaker, *Fred. Gaede*

Place of Business, *No. 29 S. Caroline St*

Address, *67 W. Baltimore St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 27740  
The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 17<sup>th</sup> - 81-

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bertha Edelman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 Years, one Months, " Days.

Color, White Sex, Female,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } " "

Occupation, " "

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore -

Duration of Residence in the City of Baltimore, "

Place of Death, { Give street and number. } 153 Stirling St. -

Cause of Death, { First (Primary,) Scurlatina -  
Second (Immediate,) Acute Dropsy -

Duration of Last Sickness, 5 days -

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery -

Date of Burial, April 18<sup>th</sup> 1881 -

{ Undertaker, Henry Rich Address

{ Place of Business, 309 Central Avenue

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

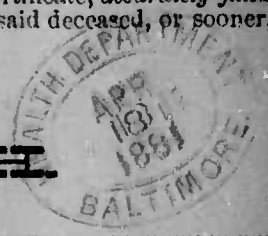
Permit No. 47458

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death, April 18

Full Name of Deceased, Amelia Bremer  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female  
Cross out the word not required in this line.

Age, 4 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

Married, Single, ~~Widow~~ or ~~Widower~~ Single  
Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, Ind  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, 11 Williams  
Give street and number.

Cause of Death, Diphtheria  
First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, 4

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 19<sup>th</sup> 1881

Undertaker, Armstrong

Place of Business, Benny

R. S. Ellis M.D.,  
Medical Attendant.

Address, 313 Light

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47459*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH.

Date of Death, *April 17<sup>th</sup>*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Luiah Diggs*

~~Sex, Male~~ Female, { Cross out the word not required in this line. }

Age, *30* Years,

Months,

Days.

Color, *Colored*

Sex, *Female*

~~Single~~, Single, ~~Married~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

*Baltimore City*

Duration of Residence in the City of Baltimore, *all her life*

Place of Death, { Give street and number. }

*23 Harmony Lane*

Cause of Death, { First (Primary),  
Second (Immediate). }

*Bright Disease*

Duration of Last Sickness,

*to 10 months*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

*Frank W. Munson*

M. D.

Medical Attendant.

Date of Burial, *April 1881*

{ Undertaker, *P. H. Munson*

{ Place of Business, *Mulberry St*

Address

*187 Saratoga St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47460

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

April 17<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Charles Kraft.

Sex, ~~Male~~ or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

3 Years,

2 Months,

9 Days.

Color,

W

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Balti. City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

362 S. Sharp St.

Cause of Death,

{ First, (Primary.)

Second, (Immediate.)

Laryngitis. (Pseudo Membranous)  
4 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cem

Date of Burial,

April 19<sup>th</sup> 1881

R. J. H. Tall, M.D.,  
Medical Attendant.

{ Undertaker,

Julius Koehler

{ Place of Business,

Sharp & Cross St

Address, 152, Sharp St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

47461  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47461

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, Apr. 16<sup>th</sup> - 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Cullen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 79 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Widow

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

25 years

Place of Death, { Give street and number. }

65 Harford Ave.

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Pneumonia

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 19<sup>th</sup>

Dr. Brooke Boyce M.D.,  
Medical Attendant.

{ Undertaker, H. C. Wiedefeld

{ Place of Business, 90 Greenmount Ave.

Address, 65 Harford Ave.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



Issued Saturday of each week.

No. 47462

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 17, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Kerr

Sex, Male or Female, { cross out the word not required in this line. }

Age, 88 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number }

Cause of Death { First, (Primary.)

Second, (Immediate.)

Duration of last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 18, 1881

Undertaker, Wm H. Hickman

Place of Business, 1123 1/2 Gay St

Chris Fawcett M. D.  
Medical Attendant.

Address, 92 Mosher St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

...which is issued, Saturday of each week. 47463  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 17 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth B. Fulghum

Sex, Male or Female, { cross out the word not required in this line. }

Age, 55 Years, 7 Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, W

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Kentucky

Duration of Residence in the City of Baltimore, 4 1/2 years

Place of Death, { Give street and number } No. 23 St Paul

Cause of Death { First, (Primary,) Second, (Immediate,) } Consumption

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Queen Anne's Co Md

Date of Burial, April 19 1887 H. Patterson M. D. Medical Attendant.

Undertaker, John W. Weaver

Place of Business, 22 N. Gayette St Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DULANT & CO. CITY PRINTERS AND STATIONERS.

Francis 2150

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47464

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, April 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Schmidt

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 8 Years, = Months, 4 Days.

Color, White

Married, Single, Widowed or Widower { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) } Cerebro-spinal meningitis

{ Second, (Immediate.) } Chronic Chorea - nervous

Duration of Last Sickness, about 6-8 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 18 1881.

{ Undertaker, John Henning

{ Place of Business, 382 Calverton St.

G. A. Johnson M.D.,  
Medical Attendant.

Address, 86 E. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 16<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John BrisknerSex, Male or ~~Female~~, { cross out the word not required in this line. }Age, One Years, Seven Months, 18 Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

Lower 57

Cause of Death, { First, (Primary) }

{ Second, (Immediate) }

Scarlet FeverDuration of last Sickness, 3 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore GenDate of Burial, April 18<sup>th</sup> 1881E. C. Baldwin M. D.  
Medical Attendant.{ Undertaker, Wm. A. Hickman }{ Place of Business, 234 N. Gay St. }Address, 124 N. E. St.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DEWANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

47466  
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 16

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Duras Ann Steward

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 85 Years, Months, Days.

Color, Black Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Annapondul County

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } Biddle Alley 66

Cause of Death, { First (Primary,) Pneumonia  
Second (Immediate,) Exhaustion

Duration of Last Sickness, 9 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery John A Schults M. D.

Date of Burial, April 18<sup>th</sup> 1881 Medical Attendant.

{ Undertaker, Charles A White Address H E Carrough & Edm

{ Place of Business, 35 Drankly. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 17th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Guy W. Rops

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 37 Years, 4 Months,        Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Driver

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } Woodward St No 13

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pulmonary Consumption

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive City

Date of Burial, April 19 81 J. H. Meyer M. D.

Medical Attendant.

Undertaker, Philipp G. Dill

Place of Business, 183 Columbia Address, 183 Columbia

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47468

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *April 17<sup>th</sup> 1888*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give name of parents. } *Mary Ellen Barley's Infant*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *1* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City* ✓

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *Whitcoat St. near Washers*

Cause of Death, { First, (Primary.) *Asphyxia*  
Second, (Immediate.) *all in - life* }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 18<sup>th</sup> 1888*

{ Undertaker, *H. M. Hume* }  
Place of Business, *East St.* Address, *Commissioner of Health & Registrar*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

*Examined by Geo. E. Brown*  
Inspector

No. 47469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sadie Brant

Sex, Male or Female, { cross out the word not required in this line. }

Age, 9 Years, Nine Months, Ten Days.

Color, cl

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } Spring 122

Cause of Death, { First, (Primary.) Second, (Immediate.) } Enteric Diet  
Diarrhea Convulsion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 18<sup>th</sup> 1881

Undertaker, Abraham Weyman

Place of Business, 13 Saratoga St

E. C. Baldwin M. D.  
Medical Attendant.

Address, 124 N. Egleston St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 47470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 18th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Lathmann

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 32 Years, 0 Months, 0 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Baltimore

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 104 W. Fayette St.

Place of Death, { Give street and number } 104 W. Fayette St.

Cause of Death { First, (Primary,) Phtisis pulmonalis  
Second, (Immediate,) 0 years

Duration of last Sickness, 0 years  
All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, April 20th 1881

Undertaker, J. J. Brennan

Place of Business, 45 Clay St. Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



Permit No. 47471  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *April 19th*  
Full Name of Deceased, *Alice Regan*  
Sex, Male or Female, *Male*  
Age, *23* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, *White*  
Married, Single, Widow or Widower, *Single*  
Occupation, *Baltimore*  
Birthplace, *Life*  
Duration of Residence in the City of Baltimore, *318*  
Place of Death, *Asquith St*  
Cause of Death, *Phthisis*  
Duration of Last Sickness, *Two Years*  
Place of Burial, *New Cathedral Cemetery*  
Date of Burial, *April 19th 1881*  
Undertaker, *Henry W. Mears*  
Place of Business, *45 N. Gay St*  
Address, \_\_\_\_\_  
Medical Attendant, *Wm Whitridge M.D.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permits for Burials, to the City of Baltimore will make returns of all  
The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47472

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, April 17<sup>th</sup> 1881.  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Elizabeth Schneider  
Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 49 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Keeper of a Bakery.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Kurhessen Germany

Duration of Residence in the City of Baltimore, Twenty Five Years.

Place of Death, { Give street and number. } No 107 N. High St.

Cause of Death, { First, (Primary.) Tetanus  
Second, (Immediate.) caused by splinter of wood under the finger nail

Duration of Last Sickness, Seven Days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity St. Church

Date of Burial, April 18 1881

{ Undertaker, James D. Byrne

{ Place of Business, No 63 N. Front St Address, 137 N. Green St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47473

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

April 18<sup>th</sup> 1881 -

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lewis Weusthoff

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. }

Age, 3<sup>1/2</sup> Years,

Months,

Days.

Color, white Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Liquor store

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

N.E. cor Poppleton & Mulberry Sts

Cause of Death, { First (Primary,) Second (Immediate,) }

Congestion of Brain -

Duration of Last Sickness, { Under my charge the last three days for Hypopyon Keratitis, (Eye Disease) } 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Saul L. Brank M. D.

Date of Burial, April 19<sup>th</sup> 1881

Medical Attendant.

{ Undertaker, Peter Hermann

{ Place of Business, Mulberry St 319.

Address

71 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 147474

*Board of Health, City of Baltimore,*

Permit No. 47474

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia Harris

Age, 31 Years, 3 Months, 11 Days

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Birthplace, { State or country, (and how }  
 { long in the United States, }  
 { if of foreign birth. }

Place of Death, (Give street and number) 304 N. Tenth St.

Cause of Death, } First, (Primary.) Tubercular Consumption  
Second, (Immediate.)

**All the above information should be furnished by the Physician.**

Place of Burial, St. Anthonies Cemetery

Place of Burial, April 19<sup>th</sup> 1884

Undertaker, *Dr. Harkle* Medical Attendant.

Place of Business, 82 West street Address, 425 W. Fayette

*Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 47475

No. 47475

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April, 1888

Full Name of Deceased, Emma Dickison

Sex, Male or Female, Female

Age, 45 Years, Months, Days.

Color, L

Married, Single, Widow or Widower, never had but 2 children

Occupation, House wife

Birthplace, Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, 74 Stiles St Do not know one of many

Cause of Death, First, (Primary,) Cancer, see foot note

Duration of last Sickness, more or less for one year

All the above information should be furnished by the Physician.

Place of Burial, Laura Cemetery

Date of Burial, April 19

Undertaker, Heavens ROL

Place of Business, 75 Conway St Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

10748

BULANTY & CO. CITY PRINTERS AND STATIONERS.

Emma Hickison, <sup>DEPT</sup> <sup>HEALTH</sup> <sup>19</sup> <sup>22</sup> <sup>BALTIMORE</sup> Md.,  
in 1881, up to one year ago, weighed  
about 220 lbs. at which time she began  
to lose flesh, was called to attend her  
some five weeks ago, could not make  
a diagnosis, called in six other Physicians  
but we could not make a diagnosis, - as  
she never complained, had no pain, fever  
or any other trouble whatever, though she  
lost flesh rapidly - held "Post Mortem".  
Found most hard mass of fibroid cancer,  
granular degeneration of kidneys, Mulberry  
calculi large size in gall bladder, as -  
- consolidation of spleen, weight less than  
one hundred pounds.

Al Scherger M.D.

# 47475



Units for Burials, to the Office whence issued, Saturday of each week.

474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 474

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, April 18, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Kenneth Mission*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 61 Years, 6 Months, Days.

Color, *White*

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Germany*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, { Give street and number. } 718 W Pratt St

Cause of Death, { First, (Primary.) } *Enlargement of Liver*  
{ Second, (Immediate.) }

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, *Batts Cemetery*

Date of Burial, April 20, 1881

{ Undertaker *John Paulus*

{ Place of Business, *66 Fred Ave* Address, *319 Bellino St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permits for Burials, to the City of Baltimore will make returns of all 47477  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47477

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, April 17 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria + Stanislaw Andrusiewski

Sex, ~~Male~~ Female, { Cross out the word not required in this line. } { Parents }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, one Days

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 27 1/2 S. Bond St

Cause of Death, { First, (Primary.) Premature Birth (7 mos)  
Second, (Immediate.) Asthenia

Duration of Last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 19 1881

{ Undertaker, John Brown } { Comm of Health } { Registrar }

{ Place of Business, 13 1/2 S. Spring St } Address, \_\_\_\_\_

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. B. Taylor

[OVER.]

Registers of Cemeteries in City of Baltimore will make returns of all  
Deaths to the Office when issued Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47478

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 40 Years, Months, Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, April 19 1881

{ Undertaker, James D. Byrne

{ Place of Business, No 63 N. Front St

Edw. J. McDevitt M.D.,

Medical Attendant.

Address, 16 E. N. Calver St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

47479

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, April 17<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Estelle Hall

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 26 Years,

Months,

Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

269 N. Caroline St.

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Ulceration Larynx

Pneumonia & Nervous Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 17<sup>th</sup> 1881

{ Undertaker, Wm H. Hickman

{ Place of Business, 1234 1<sup>st</sup> Jay St

H. Donaldson M.D.

E. S. Thomas M.D.,

Medical Attendant

Address, Gay & Exeter Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials in City of Baltimore will make returns of all 47480  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47480

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, 17th April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha E. Hagerly.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6-2 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States. If of foreign birth. }

Duration of Residence in the City of Baltimore, Twenty-four years.

Place of Death, { Give street and number. } 30 Jackson St.

Cause of Death, { First, (Primary.) Malarial fever, Second, (Immediate.) Congestion of the lungs & brain. }

Duration of Last Sickness, About six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Clear

Date of Burial, April 19

{ Undertaker, Hy & Son

{ Place of Business, 37 W Broadway Address, Broadway Inc. Eldridge St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

City of Baltimore will make returns of all  
Permits for Burials, to the Office whenever issued Saturday of each week

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47-48

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, April 18th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Rubin Keiser

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 15 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 221 S. Main St.

Cause of Death, { First, (Primary.) Gastric disturbance  
Second, (Immediate.) Congestion of the brain with convulsions. }

Duration of Last Sickness, About twenty-four hours

All the above information should be furnished by the Physician

Place of Burial, Baltimore Cemetery

Date of Burial, April 20

Undertaker, F. & P. Co.

Place of Business, 54 N. Broadway

Milton S. Taylor M.D.,  
Medical Attendant.

Address, Broadway & E. Cherry St.

Extract from Regulations of the Board of Health to Secure Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



Persons in Cemeteries in City of Baltimore will make returns of all

No. 47482

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

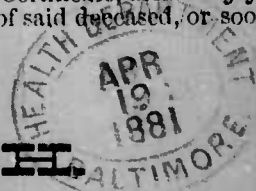
Permit No. 47482

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death, 17 April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Broll

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Year, Months, 26 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Scrophulous, Hypertrophy of Liver & Spleen. Second, (Immediate.) Hydrocephaloid }

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 19 Charles A. Geiger, M.D.,

Medical Attendant.

{ Undertaker, Walterimmel

{ Place of Business, 315 W. Biddle Address, 165 Argyle Ave.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Receivers of Cemeteries in City of Baltimore will make returns of all  
Permits for Burials, to the Office whence issued, Saturday of each week.  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47483

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, April 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah F Dawson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, 2 Months, 4 Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } B. Alt

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } No 3. McDunnell's Court

Cause of Death, { First, (Primary.) Second, (Immediate.) } Unknown natural  
Convulsion probably

Duration of Last Sickness, Found dead in bed

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 19<sup>th</sup> 1881

Undertaker, Abram Hayman

Place of Business, 13 Paratoxa St

Edmund J. R. Walker M.D.,  
Medical Attendant.

Address, Corner N. 3<sup>rd</sup>

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all  
Permits for Burial to the Office when received.

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

47484

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

April 18<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Ulrich

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Eighteen

Years,

Months,

Days.

Color,

White

Married, Single, Widowed or Widower,

{ Cross out the word not required in this line. }

Occupation,

Sales lady  
Butts & Co.

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

City Hospital

Cause of Death,

{ First, (Primary.) }

Influenza Phthisis

{ Second, (Immediate.) }

Asthenia

Duration of Last Sickness,

Six weeks

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral

Date of Burial,

Apr 20<sup>th</sup> 1881

E. Geo. Keith

M.D.,

Medical Attendant.

{ Undertaker,

John E. Brough

{ Place of Business,

320 Pennsylvania

Address,

City Hospital

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



6  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 47485

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *April 18/1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Annie Rehnert = Maiden name Kohn*

Sex, *Male or Female*, { cross out the word not required in this line. }

Age, *26* Years, *11* Months, *29* Days.

Color, *White*

Married, *Single, Widows or Widower*, { Cross out the word not required in this line. }

Occupation, *House wife*

Birthplace, { State or country, (and how long in the United States if of foreign birth. ) } *Baltimore*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number } *56 N. Durham St*

Cause of Death, { First, (Primary,) } *Pneumonia Pulmonalis*  
{ Second, (Immediate,) }

Duration of last Sickness, *—*

All the above information should be furnished by the Physician.

Place of Burial, *St. Stephen's Cemetery*

Date of Burial, *April 20* *A. Reg. Shuter* M. D.  
Medical Attendant.

Undertaker, *Wm. H. H. H.*

Place of Business, *11 S. High St* Address, *11 S. High St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[77485]

20  
Keepers of Cemeteries in City of Baltimore will make returns of all  
Deaths for Burial to the Office of the Registrar of Vital Statistics on Saturday of each week.

No. 47486

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

April 18th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Ellenora Scheffer

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, one Year, five Months, 1 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Church

Date of Burial, Apr 19th 1881

Undertaker, Andrews & Sons

Place of Business, 406 Office Ave

Address, 2 Cathedral St

St. Simmes M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all  
Permits for Burials to the Office of the Registrar of Vital Statistics, and a List of Diseases on back of this Certificate.  
The Special Attention of the Registrar is directed to the Remarks below, and to the List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 4748

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

April 18<sup>th</sup> 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Laura Rehlinger

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

2

Years,

Months,

Days.

Color,

Married, Single, Widowed or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore Md

Duration of Residence in the City of Baltimore,

all its life

Place of Death,

Give street and number.

S. S. C. Spring & Lombard St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Cerebritis

Spasms

Duration of Last Sickness,

about 2 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemeter

Date of Burial,

April 20. 1881

Undertaker,

H. H. Hoffman

Place of Business,

63 N. E. Corn St.

Address,

86 N. E. Fayette St.

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Keepers of Cemeteries in City of Baltimore will make returns of all  
Permits for Burials to the City.  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47488

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, April 16, 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 210 Dover St

Cause of Death, { First, (Primary.) Spasm  
Second, (Immediate.) }

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemety

Date of Burial, April 19, 1888

{ Undertaker, A. A. Fischer

{ Place of Business, 50 S. Carrollton Address, Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

18  
Keepers of Cemeteries in City of Baltimore will make returns of all  
Permits for Burials, to the Office when issued. Saturday of each

No. 47489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John H. Burk

Sex, Male or Female, { cross out the word not required in this line. }

Age, 31 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } Cor. Pratt & Amity Sts. No. 580

Cause of Death { First, (Primary,) Phthisis Pulmonalis  
Second, (Immediate,) }

Duration of last Sickness, about four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 20<sup>th</sup> 1881

Undertaker, Jas B. Gork

Place of Business, 1307 N. Baltimore Street

John Morris

M. D.

Medical Attendant.

Address, No. 5 Franklin St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all  
Permits for Burials to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47490

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

April 18<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Walter Edmund Frederick

Sex, Male or Female,

Cross out the word not required in this line.

Age,

3

Years,

1

Months,

18

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

8 Pennock St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Meningitis

Duration of Last Sickness,

17 days

All the above information should be furnished by the Physician.

Place of Burial, Landon Park cemetery

Date of Burial, Apr 19<sup>th</sup> 1881

Undertaker,

Geo B Cook

Place of Business,

1677 W Baltimore street

Address,

582 W Thacker St

Wm McQueen M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47491

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Apr 17 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Blake

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 60 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Washerwoman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Seven years

Place of Death, { Give street and number } Parish Cellar near Senate

Cause of Death, { First, (Primary.) Second, (Immediate,) } Grav. Colic  
Exhaustion

Duration of last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, St Peter cemetery

Date of Burial, April 19

Undertaker, J B Cook

Place of Business, 407 Wt Batten

J. Shelton Hill M. D.  
Medical Attendant.

Address, 432 W Sayre St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 147492

*Board of Health, City of Baltimore,*  
OFFICE OF REGISTRAR OF VITAL STATISTICS

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47492

l so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

CERTIFICATE OF DEATH.

CERTIFICATE OF DEATH

Date of Death, Saturday, Apr. 16<sup>th</sup> 9:10 P.M.

Father, William M. Heins.

John N. Heins.

Date of Death, \_\_\_\_\_

Full Name of Deceased, { Write legibly and spell  
correctly. If an infant  
not named, give names  
of parents. }

6" 9:10 P.M.  
 Father: William M. Heins.  
 Mother: Kate H. Heins.

Sex, Male or Female, { cross out the word not  
required in this line. }

Months, 1 hour Days.

Age, \_\_\_\_\_ Years, *45*

Married, Single, Widow or Widower, { Cross out the word not  
required in this line.

Occupation,

*Birthplace,* { State or country, (and how  
long in the United States,  
if of foreign birth. }

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and  
number }

*Cause of Death* } First, (Primary.)  
                              } Second, (Immediate.)

Infantile unknown.

Duration of last Sickness, 12 days

ration of last Sickness, .....  
All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, April 8<sup>th</sup>

Undertaker, *M. J. Dill*

Place of Business, 180 Columbia Ave

*Amos H. Hines*, M. D.  
Medical Attendant.

Address, *N. E. Co. Columbia Ave & Remond St*

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

*Extract from Regulations of the Board of Health  
Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week. 47493  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**  
Office of Registrar of Vital Statistics.

Permit No. 47493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

**CERTIFICATE OF DEATH**



Date of Death, April 18th, 1881.  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wesley Krebs  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, 75 Years, Months, 29 Days.  
Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk in Bank

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. City Md

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and number. } 188 Mosher St.

Cause of Death, { First, (Primary.) Paralysis  
Second, (Immediate.) "

Duration of Last Sickness, Four Days  
All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, April 20th 1881

Undertaker, Stewart & Mourn

Place of Business, 35 Park Avenue Address, 431 Penna Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of

Keepers of Cemeteries in City of Baltimore who have received the Office where issued, Saturday of each week.

Permits for respectfully the Office where issued, Saturday of each week.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 19, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Wilhelmina C. Hamro.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, 1 Years, 2 Months, 11 Days.

Color, *White.*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single.*

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *199 N. Eden St.*

Cause of Death, { First (Primary), Second (Immediate), } *Diphtheria*

Duration of Last Sickness, *8 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Trinity Church Cemetery*

Date of Burial, *Apr 20th 1881*

Undertaker, *Peter Frey*

Place of Business, *91 E. Eden Ave*

Address *227 Carrollton Ave.*

*John P. Lowell, M.D.*  
Medical Attendant

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all  
Permits, to the Office whence issued.

No. 47495

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

Sunday April 17 - 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hannah Murray

Sex, Male or Female,

{ cross out the word not required in this line. }

Age,

83

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Housewife

Birthplace,

{ State or country, (and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

53 years

Place of Death,

{ Give street and number }

No. 12 Mechanics Court

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Phthisis Pulmonalis

Duration of last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

Evergreen Cemetery

Date of Burial,

April 20 1881

Undertaker,

Wm James Gay

Place of Business,

15 Menth...

Address,

561 N. Fayette St

Edmund H. Jones M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20

Keepers of Cemeteries in City of Baltimore will make returns of  
Permits for Burials, to the Office whence issued Saturday of each week.

No. 47496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death,

April 19th 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Eliza Trusky

Sex, Male or Female, {cross out the word not required in this line.}

Age, About 60 Years, Months, Days.

Color,

Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)}

Maryland

Duration of Residence in the City of Baltimore,

About sixteen years

Place of Death, {Give street and number}

No 5 - Walnut St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Valvular Disease of Heart &amp; Dropsy.

Duration of last Sickness,

About four months.

All the above information should be furnished by the Physician

Place of Burial,

Lanier Cemetery

Date of Burial,

April 21 1881

Wm B. Rider,

M. D.

Medical Attendant.

Undertaker,

Wm J. Gray

Place of Business,

65 Mulberry St

Address,

Cor. McCulloch &amp; Dolphin Sts.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)



Keepers of Cemeteries in City of Baltimore will make returns to an  
Permits for Burials, to the Office whence issued. Saturday of each week.

No. 47497

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Leahr

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 45 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, { Give street and number } Chapel St near N. R. Road

Cause of Death { First, (Primary,) Heart Disease  
Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, April 19<sup>th</sup> 1881

Undertaker, Pat Mullin

Place of Business,

E. B. Tenby M. D.  
Medical Attendant.

Address, 319 N. Central Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

13  
Keepers of Cemeteries in City of Baltimore will make returns of burials for Burial's to the Office whenever issued Saturday of each week.

147498

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 18<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Richard Adams

Sex, Male or Female, Cross out the word not required in this line.

Age, thirty Years, Months, Days.

Color, Black Sex, Male

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, Waiter

Birthplace, State or country (and how long in the United States, if of foreign birth.) Maryland

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, Give street and number. 165 Pearce St

Cause of Death, First (Primary), Second (Immediate.) Consumption

Duration of Last Sickness, Sick in bed nearly four weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, April 20 1881

Undertaker, S. H. Chase

Place of Business, 178 Howard St

Sam'l H. Anderson M. D.  
Medical Attendant

Address Franklin & Pine Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

15  
Keepers of Cemeteries in City of Baltimore will make return of all  
Permits for Burials to the Office whose record is kept.

No. 8-1881

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 19, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Regina Riley

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 7 Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 105 Sharp St

Cause of Death, { First, (Primary.) } Diphtheria  
{ Second, (Immediate.) }

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 20th 1881 J. C. Williams M. D.  
Medical Attendant.

{ Undertaker, John Marcher

{ Place of Business, No 150 Broadway Address, 201 Mad. Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47500

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, April 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaretta Schertel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 33 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, housekeeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number. } N. - Baker St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cancer mammary  
Cancer

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 20<sup>th</sup> 1881

Undertaker, John Schercher

Place of Business, No 150 Camden St Address, 153 W. Lombard

Henry Palmer M.D.,  
Medical Attendant.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 19<sup>th</sup> 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eva Lenhardt

Sex, Male or Female, { cross out the word not required in this line. }

Age, 64 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number } 7 Wyndham

Cause of Death, { First, (Primary.) Second, (Immediate.) } consumption  
dropsy

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, April

Undertaker, B. Gurl

Place of Business, 82 W. 4<sup>th</sup>

Dr. Albers M. D.  
Medical Attendant.

Address, 95 S. Sharp

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 417502  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 417502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 4 M. 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Grace Morris Crook

Sex, Male or Female, { cross out the word not required in this line. } female

Age, Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, { Give street and number } 463 E. Euter - St

Cause of Death { First, (Primary.) Convulsions  
Second, (Immediate.)

Duration of last Sickness, 1 Week.

All the above information should be furnished by the Physician.

Place of Burial, Grace M. Crook

Date of Burial, April 20 1881

Undertaker, Stewart & Haven

Place of Business, 30 Madison Avenue

Medical Attendant, W. T. Riley M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 47503

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Apr 19 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen Boyle

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 73 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W.

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 56 years

Place of Death, { Give street and number } 295 Myrtle Av.

Cause of Death, { First, (Primary.) Second, (Immediate,) } valvular disease of heart  
cerebral effusion

Duration of last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, St. Luke's

Date of Burial, Apr 20 81

Undertaker, St. Luke's

Place of Business, 35 N. E. St. Address, 152 N. E. St.

W. D. [Signature]  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 417504

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

April 19, 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary P. Fisher

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

23

Years,

8

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

(State or Country and how long in the United States, if of foreign birth.)

Maryland

Duration of Residence in the City of Baltimore,

Nine years

Place of Death,

(Give street and number.)

37 Holland St.

Cause of Death,

First, (Primary.)

Phthisis

Second, (Immediate.)

Exhaustion

Duration of Last Sickness,

Four months

All the above information should be furnished by the Physician.

Place of Burial, Princess Ann Somerset County Md

Date of Burial, April 20<sup>th</sup>

George H. Rohi, M.D.,  
Medical Attendant.

Undertaker, E. Schilling

Place of Business, Arkland Square

Address, 94 S. Broadway

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2154 Transer

No. 47505

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 18 8 P.M. 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. CannonSex, ~~Male~~ or Female, { cross out the word not required in this line. }Age, 35 Years, Months, Days,Color, BlackMarried, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }Occupation, LaundressBirthplace, { State or country, (and how long in the United States, if of foreign birth. } MarylandDuration of Residence in the City of Baltimore, 12 YearsPlace of Death, { Give street and number } Med. Woman's HospitalCause of Death { First, (Primary.) Extra Uterine Pregnancy  
Second, (Immediate,) SepticæmiaDuration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, E. Public CemeteryDate of Burial, April 20<sup>th</sup> 1881{ Undertaker, Patrick McLean{ Place of Business, S. P. Park Ave Address,J. P. Beckwith M. D.  
Medical Attendant.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>separately filled</sup> out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *April 19 - 1881 -*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Ellis B. Sturman*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *40* Years, Months, Days.

Color, *W* Sex,

~~Married~~, Single, ~~Widow~~ or Widower, { Cross out the words not required in this line. }

Occupation, *Book-keeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *214 N Carey*

Cause of Death, { First (Primary,) Second (Immediate,) } *Bright's dis of Kidney - uraemia*

Duration of Last Sickness, *about 4 weeks.* (*Bright's for 2 years.*)

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount*

Date of Burial, *April 21<sup>st</sup> 1881*

{ Undertaker, Place of Business, } *Holofentkins & Son 78 N Chas St*

Address *220. Linden Ave B. City*

*Iskhan R. Page M. D.*  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47507

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

April 18

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Virginia Honey

Sex, Male or Female,

{ Cross out the word not required in this line.

Age,

Years,

5

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the word not required in this line.

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number.

94 Church st.

Cause of Death,

{ First, (Primary.)

{ Second, (Immediate.)

Infantile  
marasmus

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Harford St. Cemetery

Date of Burial,

Apr. 20th 1881

R. H. P. Ellis, M.D.,

Medical Attendant.

{ Undertaker,

Geo. H. Perkins & Co.

{ Place of Business,

130 Henrietta St.

Address, 312 Light St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47508

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *April 18. 1881*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Estelle Cornish*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *8* Years, *0* Months, *0* Days.

Color, *Black*

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, *None*

Birthplace, State or Country and how long in the United States, if of foreign birth. *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, Give street and number. *10 Clarksons Alley*

Cause of Death, First, (Primary.) *Pneumonia*  
Second, (Immediate.)

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Louise Ave*

Date of Burial, *Apr 20 - 1881*

Undertaker, *Hercules Ross*

Place of Business, *Commonwealth of Health*

Address, *Registrar*



### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*Ex G. M. E. Luning*



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47509

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death, April 17, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Patrick Glynn

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 11 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Blacksmith

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Rail Road

Duration of Residence in the City of Baltimore, 1 month

Place of Death, { Give street and number. } St. Vincent's Hospital, Baltimore

Cause of Death, { First, (Primary.) Second, (Immediate.) } Mania  
Acute

Duration of Last Sickness, withered - from first

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 20th

Undertaker, Geo. Saffran

Place of Business, 12 Monumental Address, 68th Church St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

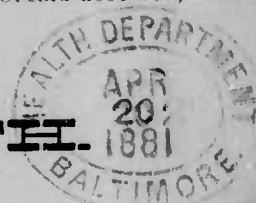
Permit No. *47510*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death,

*April 19<sup>th</sup> 81*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

*Maggie Bisdler*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *22* Years,

*3* Months,

*19* Days.

Color,

*White*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Balti City*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

*131 West St.*

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

*Phthisis Pulmonalis.*

Duration of Last Sickness,

*4 months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 22, 81*

Undertaker, *Philipp J. Dill*

Place of Business, *183 Columbia St*

*R. J. H. Tally* M.D.,  
Medical Attendant.

Address, *152 Sharp St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

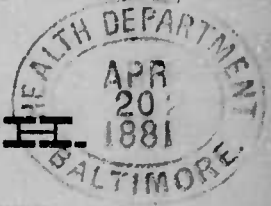
## Board of Health, City of Baltimore,

Permit No. *47511*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH.

Date of Death, *April 19th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *James Clarence Wingrove*

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, *One* Years, *8* Months, *15* Days.

Color, *White*

~~Married~~, *Single*, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *April 20th 1881*

{ Undertaker, *Armstrong & Son*

{ Place of Business, *Montgomery & Light St*

*B. F. Coomer* M.D.,  
Medical Attendant.

Address, *134 N. E. St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47572

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, Apr 19 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Sater

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 25 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Shoemaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany (Born in Am)

Duration of Residence in the City of Baltimore, 3 yr

Place of Death, { Give street and number. } Dr Joseph Hospital

Cause of Death, { First, (Primary.) Second, (Immediate.) } Mitral Stenosis  
Ascites

Duration of Last Sickness, 2 m.

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Church

Date of Burial, April 21

{ Undertaker, Th. Dyddel

{ Place of Business, 147 S. Bond

George Jackson M.D.,  
Medical Attendant.

Address, 188 N. Calver

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

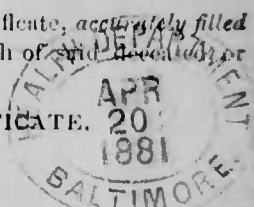
## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



### CERTIFICATE OF DEATH.

Date of Death, *April 19 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *J. August Geuman*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *9* Years, *2* Months, Days.

Color, *white*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Ireland*

Duration of Residence in the City of Baltimore, *as above*

Place of Death, { Give street and number. } *70 Granby St*

Cause of Death, { First (Primary,) *Acute Regurgitation* }  
{ Second (Immediate,) *Cardiac Adynamia* }

Duration of Last Sickness, *Indefinite*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Genl*

Date of Burial, *April 21* *B. F. Groves* M. D. Medical Attendant.

{ Undertaker, *Donald Dwyer* }  
{ Place of Business, *S Bond 157* } Address *128 Chew St*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Tiginan

Sex, Male or Female, { cross out the word not required in this line. }

Age, 59 Years, Months, Days.

Color, red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Talbot Co. Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give street and number } Chesnut 44

Cause of Death, { First, (Primary,) Indigestion  
Second, (Immediate,) Gastritis

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20<sup>th</sup> 1881

E. C. Baldwin M. D.  
Medical Attendant.

{ Undertaker, Abram Maynard

{ Place of Business, 13 Saratoga St Address, 124 n Eyster st

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

ANY & CO. CITY PRINTERS AND STATIONERS.

[OV 41.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 47515

## Board of Health, City of Baltimore,

Permit No. 47515

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 20 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Cauley formerly Heath wife of Charles L. Heath

Sex, Male or Female, { cross out the word not required in this line. }

Age, 33 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Domestic

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 31 Caroline St. South

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 21 1881

{ Undertaker, { Address, 11 S. High St.

{ Place of Business, 161 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 47516

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *April 20*

Full Name of Deceased, *Sarah Williams* Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, *Female* Cross out the word not required in this line.

Age, *62* Years, *W* Months, *W* Days.

Color, *W*

Married, Single, Widow or Widower, *Widow* Cross out the word not required in this line.

Occupation, *Widow*

Birthplace, *Maryland* State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *18 yrs*

Place of Death, *149 Johnson St* Give street and number.

Cause of Death, *Chronic Bronchitis* First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet*

Date of Burial, *April 21<sup>st</sup> 1881*

Medical Attendant, *R. J. Ellis* M.D.,

Undertaker, *J. M. Leonard & Co*

Place of Business, *782 W. Baltimore* Address, *315 Light St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

## Board of Health, City of Baltimore,

Permit No. 47517

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, April 20th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertie May Cor. Sher

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 3 Months, 19 Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number. } 301 Columbia Avenue

Cause of Death, { First, (Primary.) Gastritis & Constipation  
Second, (Immediate.) Exhaustion }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 21

{ Undertaker, J.B. Crohn

{ Place of Business, 407 West Baltimore

A.W. Colburn M.D.,  
Medical Attendant.

Address, 343 W. Lombard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47518

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 19th

Full Name of Deceased, Sarah A. Mc Elroe

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Female

(Cross out the word not required in this line.)

Age, 70 Years, 11 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, Widow

(Cross out the word not required in this line.)

Occupation, None

Birthplace, Baltimore, Md.

(State or Country and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, 10 3/4 Years

Place of Death, 10 3/4 York St

(Give street and number.)

Cause of Death, Apoplexy

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Phid Road

Date of Burial, April 21st

1881

M.D.,

Medical Attendant.

Undertaker, Derry & Mitchell

Place of Business, 68 S Broadway

Address, 24 N. 4th St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47519

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

April 20th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Elmer Harris

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, Four Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color,

Colored

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

53 Perry St.

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Murder

Exhaustion

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, April 21st 81

Dr. Launcy M. Barclay M.D.,  
Medical Attendant.

{ Undertaker, J. W. Perkins & Co

{ Place of Business, 130 Henrietta

Address, 47 Curran St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, 20th April 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rachel RosenbergSex, Male or Female, { cross out the word not required in this line. }Age, 2 Years, 4 Months,    Days.Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,   

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

City of New YorkDuration of Residence in the City of Baltimore, 9 months

Place of Death, { Give street and number }

S. Walpert St. 72Cause of Death, { First, (Primary.) }  
{ Second, (Immediate.) }Paralysis medullae spinalis  
2 monthsDuration of last Sickness,   

All the above information should be furnished by the Physician.

Place of Burial, O'Neil ScholiumDate of Burial, April 21st 1881{ Undertaker, William Gilman{ Place of Business, 1811 Pough StAddress, S. Walpert St. 112William Hendel M. D.  
Medical Attendant.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

## Board of Health, City of Baltimore.

Permit No. 47521

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 20, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Barbara Schlegel Schlifer

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 10 Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

70 N. Washington St.

Cause of Death {

First, (Primary.)

Capillary Bronchitis

Second, (Immediate.)

Convulsions

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephen's Cemetery

Date of Burial, April 22, 1881

Undertaker, John Herwig

Place of Business, 382 Calver St.

J. H. Leollenberg M. D.  
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. G. DILLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47522

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, 20 April 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edmund Lewis Henry Seiger

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 35 Years, 11 Months, 25 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married ✓

Occupation, Housefurnishing Store & Tinware

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Manchester, Carroll Co. Md.

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number. } No 174 Myrtle Ave.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Typhoid Pneumonia  
Exhaustion

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, New Cath Co

Date of Burial, Apr 22 1887 Charles A. Seiger M.D.,  
Medical Attendant.

Undertaker, Stewart & Munn

Place of Business, 35 Park Ave Address, 165 Myrtle Ave.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 47523

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 21<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Catharine Madden

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 21 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 156 N High

Cause of Death, { First, (Primary.) Second, (Immediate.) } Contused wound in delivery, <sup>sloughing</sup> Tetanus, Convulsions Exhaustion.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 21<sup>st</sup> 1881 Geo. B. Reynolds M.D.,

Medical Attendant.

{ Undertaker, James O. Byrne

{ Place of Business, No 63 N Front St Address, 2-L. Cor Calvert & Monument

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47524*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *April 20<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Annitta C.S. Bennett*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *8* Days.

Color, *Black* Sex, *Female*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *#27 Chestnut St*

Duration of Residence in the City of Baltimore, *Eight days*

Place of Death, { Give street and number. } *27 Chestnut St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Infantile Convulsions*

Duration of Last Sickness, *One day*

All the above information should be furnished by the Physician.

Place of Burial, *St. Michael's Cemetery*

Date of Burial, *April 21<sup>st</sup> 1881*

Undertaker, *Dr. Joseph Bennett* Address *Cor. St. Ignace & Fayette Sts*

Place of Business, *32 Chestnut St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47525

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 19<sup>th</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. Charles Goehring

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Seventy Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Butcher

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, { Give street and number } No. 338 East Fayette St.

Cause of Death, { First, (Primary.) Heart Disease  
Second, (Immediate,) Sudden } Sudden

Duration of last Sickness, Two Hours

All the above information should be furnished by the Physician.

Place of Burial, Myces Cemetery

Date of Burial, April 21<sup>st</sup> 1881

{ Undertaker, J. P. Pro

{ Place of Business, 540 Broadway

M. H. Glendinning M. D.  
Medical Attendant.

Address, No. 102 N Broadway

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47526

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 20th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Enoch G. LSV

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 61 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Collar maker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 354 E. Fayette St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Croup pneumonia  
Asthma

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 24

Undertaker, Fry & Co

Place of Business, 57 1/2 E. Pratt St

Address, 57 1/2 E. Pratt St

Medical Attendant, John H. [Signature] M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47527

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 20<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Hermita S. Slaughter

Sex, Male or Female, { cross out the word not required in this line. }

Age, Forty Seven Years, Months, Days.

Color, ✓

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, Forty one Years

Place of Death, { Give street and number } # 224 Barre St.

Cause of Death, { First, (Primary.) Compression of Brain  
Second, (Immediate,) Two and one half days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 22<sup>nd</sup> 1881 M. D. Medical Attendant.

{ Undertaker, Wm. J. Tickner

{ Place of Business, 65 S. Euteraw St. Address, 221 Barre St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

{ 9742 }

# Board of Health, City of Baltimore

Permit No. 47528

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, April 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Stachowski

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, \_\_\_\_\_ Years, 6 Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 433 S Ann St

Cause of Death, { First, (Primary.) Internal Convulsions. }  
{ Second, (Immediate.) }

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, St. Ann's

Date of Burial, April 22nd

Undertaker, John Braun

Place of Business, 134 S. Durham St. Address, 243 Alice Ann St.

Rehberger, Jno. H. M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *April 20, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary A Rawlings*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *85* Years, Months, *✓* Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth). } *Annapolis Md*

Duration of Residence in the City of Baltimore, *75 years about*

Place of Death, { Give street and number. } *371 Eutan place*

Cause of Death, { First (Primary), Second (Immediate), } *Old age*  
*do*

Duration of Last Sickness, *Death quite sudden*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mt Cem*

Date of Burial, *23 April 1881*

*Wm Henry Thomas* M. D.  
Medical Attendant.

{ Undertaker, *Wm Jenkins Son* Address *319 Madison Ave.*

{ Place of Business, *110 75 N Charles*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. *47530*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *April 20<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizabeth Jane Hoddinott*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *53* Years, *5* Months, Days.

Color, *White*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Widow* ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore Co Md*

Duration of Residence in the City of Baltimore, *43 Years*

Place of Death, { Give street and number. } *254 East Biddle St. Balt.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Consumption*

Duration of Last Sickness, *7 months*

All the above information should be furnished by the Physician.

Place of Burial, *Harford Road opposite Lake to Bel's*

Date of Burial, *April 22<sup>nd</sup>*

Undertaker, *Geo. Schilling*

Place of Business, *Island Square*

*Geo W Haysom* M.D.,  
Medical Attendant.

Address, *# 18 Aisquith St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 47531

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 21, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Skillman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, — Months, 25 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Beth

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 69 Johnson St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Inanition

Duration of Last Sickness, Since Birth

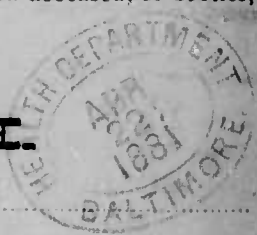
All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, April 22 1881

Undertaker, C. H. Krumm

Place of Business, — Address, 146 Hammond St



Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 47532

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *Apr. 21. 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Altha M. Carl*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *1* Years, *11* Months, *26* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Infant*

Occupation, *"*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *15 Months*

Place of Death, { Give street and number. } *267 Arzyle Ave.*

Cause of Death, { First, (Primary.) *Diphtheria*  
Second, (Immediate.) *"*

Duration of Last Sickness, *3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Cedar Hill*

Date of Burial, *April 22nd/881*

{ Undertaker, *J. E. Chenoweth*

{ Place of Business, *336 Pennsylvania Ave.* Address, *431 Penna. Ave.*

*J. B. Christian* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ferdinand Farber

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, \_\_\_\_\_ Years, Seven Months, Twelve Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } 189 S. Sharp St.

Cause of Death { First, (Primary.) Crisipelas  
Second, (Immediate.) meningitis

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Abraham Lincoln Cem

Date of Burial, April 24th 1887 Wm Gombel M. D.  
Medical Attendant.

{ Undertaker, Julius Kachler  
Place of Business, Sharp & Cross St Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 21<sup>st</sup> April. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard T Kulp

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 7 Months, 10 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 171 Montgomery St

Cause of Death { First, (Primary.) Meningitis  
Second, (Immediate.)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 22 81 H W Webster M. D. Medical Attendant.

{ Undertaker, Wm Hays & Co  
Place of Business, 1863 Light St Address, 57 Bazaar

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 47535

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 21, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } August Hogman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 34 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, City

Place of Death, { Give street and number. } 33 Garden St.

Cause of Death, { First, (Primary.) Pulmonary Consumption }  
{ Second, (Immediate.) }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 23

{ Undertaker, J. E. Hough }  
{ Place of Business, }

Medical Attendant, A. H. Arnold M.D.,  
Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Apr 20<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Saunders

Sex, Male or Female, { cross out the word not required in this line. } M.

Age, 20 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Baker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Co.

Duration of Residence in the City of Baltimore, 62 years.

Place of Death, { Give street and number } 152 Emsor St

Cause of Death { First, (Primary.) Pneumonia  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial Mount Olivet Cem.

Date of Burial April 22<sup>nd</sup> 1881 H. T. Reynolds M. D.  
Medical Attendant.

{ Undertaker, Wm. H. Hickman

{ Place of Business, 234 N. Gay St. Address, 186 Disquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 47537

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 21st, 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Thiersta  
Sex, Male or Female, { Cross out the word not required in this line. } Female  
Age, Years, 18 Months, 13 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X X

Occupation, X X X

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 18 months

Place of Death, { Give street and number. } 36 Hillman Street

Cause of Death, { First, (Primary.) 8 Months Child  
Second, (Immediate.) Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, 22 April

{ Undertaker, Adam Trunk

{ Place of Business, 461 N. Gay St. Address, 277 E. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

22 April 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Lidia A. Ing

Female

Sex, Male or Female,

cross out the word not required in this line.

59

Years,

white

9

Months,

Days.

Age,

married

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace, State or country, (and how long in the United States, if of foreign birth.)

Somerset County Ind 52 years

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number

68 Mc Culloch Street

Cause of Death

First, (Primary.)  
Second, (Immediate.)

Cancer of Stomach  
Asthma

Duration of last Sickness,

about 3 years - last 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

April 22<sup>nd</sup> 1881

Undertaker,

Wm. Weaver

Place of Business,

202 N. E. St.

Marbury Brewer

M. D.  
Medical Attendant.

Address, 68 Mc Culloch Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



# Board of Health, City of Baltimore

Permit No.

47539

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 2<sup>nd</sup>

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Bertha Martin

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

1

Years,

—

Months,

—

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore.

Duration of Residence in the City of Baltimore,

Life.

Place of Death,

{ Give street and number. }

118 N Danham

Cause of Death,

{ First, (Primary.) }

Gastritis & Rheumatism.

{ Second, (Immediate.) }

Debility.

Duration of Last Sickness,

Six days.

All the above information should be furnished by the Physician.

Place of Burial,

Lanval Cemetery

Date of Burial,

April 2<sup>nd</sup> 1881

{ Undertaker,

Charles A White

{ Place of Business,

35 Granby St

D M Cathers

M.D.,

Medical Attendant.

Address,

2 N B road

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 475240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 28th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth J White

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 30 Years, 5 Months, 7 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 57 Scott St.

Cause of Death, { First (Primary), Second (Immediate), } Menorrhagia

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet

Date of Burial, April 22

Undertaker, J B Cook

Place of Business, 707 West Baltimore Address 298 W. Lombard St.

H. W. Weber M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 47541

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Morris Eta Shalman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, 4 Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 207 W. Gilman St

Cause of Death, { First, (Primary.) Meningitis  
Second, (Immediate.) 16 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, April 22nd 1881

Undertaker, Hollander Bros

Place of Business, 22 W. Pratt St

Medical Attendant, M.D.,

Address, 537 W. Joynt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. 47542

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 19<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Staines,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 73 Years, — Months, — Days.

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Ship Carpenter.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number. } 16 Essex St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Multiple Sarcoma  
Marasmus

Duration of Last Sickness, Five months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, April 22<sup>d</sup> 1881

Undertaker, M. A. Daigne

Place of Business, 74 W. Broadway Address, 94 S. Broadway.

A. F. Erich M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 475243

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

April 22nd 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Dorothy M Betts

Sex, Male or Female.

Cross out the word not required in this line.

Female

Age,

25

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Single

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give street and number.

118 9th St

Cause of Death,

First, (Primary.)

Phthisis Pulmonalis

Second, (Immediate.)

Asthma

Duration of Last Sickness,

About eight months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

April 24th 1881

D W Cuthrell

M.D.,

Undertaker,

Denny & Mitchell

Medical Attendant.

Place of Business,

65 S Broadway

Address,

217 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47544

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 21<sup>st</sup> April 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederic Barneyky

Sex, Male or Female, { cross out the word not } { required in this line. }

Age, 44 Years, 2 Months,    Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not } { required in this line. }

Occupation, Sailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pillau, Prussia, Germany

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, { Give street and number } First St. N.

Cause of Death, { First, (Primary.) } Tubercular Pneumonia  
{ Second, (Immediate.) } 6 months

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, April 22 1881

{ Undertaker, John Henry }

{ Place of Business, 358 Calver St. }

William Henkel M. D.  
Medical Attendant.

Address, J. Wolfert 114

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

Permit No. 4752/5

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

April. 25

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah V. Kye

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40 Years,

Months,

Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem

Date of Burial, April 23<sup>d</sup> 1881

{ Undertaker, F. Lewis Schaefer

{ Place of Business, 109 W. Trimmer

A. H. P. Ellis M.D.,  
Medical Attendant.

Address, 318 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47546

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 21<sup>st</sup>

Full Name of Deceased, { While legibly and spell correctly. If an Infant not named, give names of parents. } Pauline Leutbeiner

Sex, Male or Female, { Cross out the words not required in this line. } female

Age, 45 Years, 3 Months, ✓ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Eisenach - Germany. 12 years in U. S.

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number. } W. Fayette Street 144

Cause of Death, { First (Primary,) Heart disease - Albuminuria  
Second (Immediate,) Weakness of heart }

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 23<sup>d</sup>

{ Undertaker, Julius Koehler  
Place of Business, \_\_\_\_\_ }

L. F. Pinkard M. D.  
Medical Attendant.

Address, 224 W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No.

47527

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

April 20 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John A. Aaracans

Sex, Male or Female,

Cross out the word not required in this line.

Age,

49 Years,

Months,

Days.

Color,

White

Married, Single, Widowed or Widower,

Cross out the word not required in this line.

Occupation,

Jeweler

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Holland

Duration of Residence in the City of Baltimore,

10 years

Place of Death,

Give street and number.

University Hospital

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Tuberculosis  
Asthma

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Apr. 22/81

Undertaker,

J. A. Kerchner

Place of Business,

50 Carrollton Ave.

Address,

University Hospital

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 475248

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 20th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Boone

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and number. } No. 102 Duncan Alley

Cause of Death, { First, (Primary.) } Mesenteric  
Second, (Immediate.)

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Set Michael Cemetery

Date of Burial, April 22th 1881

{ Undertaker, Caspar Eckhardt

{ Place of Business, 269 Canton Ave } Address, 2444 Bank St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47549

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry E. Brown

Sex, Male or Female, { cross out the word not required in this line. }

Age, 6 Years, 8 Months, 16 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } 30 St. Johns St.

Cause of Death { First, (Primary.) } Tubercular Peritonitis  
Second, (Immediate,) Exhaustion

Duration of last Sickness, About two months

All the above information should be furnished by the Physician.

Place of Burial, Howard Cemetery

Date of Burial, Apr. 23 1881

Undertaker, S. W. Chase

Place of Business, 19th Howard St.

W. B. Griffith M. D.  
Medical Attendant.

Address, 216 N. Howard St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47550

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 24th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Maria Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } XXX

Occupation, XXX

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 80 S. Calver St.

Cause of Death, { First, (Primary.) Sudden }  
{ Second, (Immediate.) Do not know }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mt. Evangelical Cem?

Date of Burial, April 25th

{ Undertaker, Henry Sander }

{ Place of Business, 253 Canton Ave }

Address, 99 E. Baltimore St.

Medical Attendant, \_\_\_\_\_ M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47557

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, 4. 21. 81Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lottie SmithSex, ~~Male~~ or Female, { cross out the word not required in this line. }Age, \_\_\_\_\_ Years, 2 1/2 Months, \_\_\_\_\_ Days.Color, BlkMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States if of foreign birth. } BaltoDuration of Residence in the City of Baltimore, 6 MosPlace of Death, { Give street and number } 13 Heaw StCause of Death, { First, (Primary.) Second, (Immediate.) } Congestion of LungsDuration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. CemeteryDate of Burial, April 23 1881{ Undertaker, Hercules Ross{ Place of Business, 95 Conway StWill GaymanM. D.  
Medical Attendant.Address, 349 Level**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WEL. L. &amp; CO. CITY PRINTERS AND STATIONERS.

{ 674 }

# Board of Health, City of Baltimore,

Permit No. 47552

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Rudolph

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 25 Years, 8 Months,        Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Wagon Driver

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 260 Hanover St

Cause of Death, { First, (Primary.) Natural  
Second, (Immediate.) Rheumatism }

Duration of Last Sickness, Deceased was confined to his bed 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 24

{ Undertaker, H. Brice

{ Place of Business, Henrietta St. 81

J. K. Wiley M.D.,  
Medical Attendant.

Address, 108 Hanover

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to the use of DISCHARGE on back of this certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47553

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 22nd 1911

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Stoll

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 5 Years, 8 Months, 6 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Annie Arundel Co. Md.

Duration of Residence in the City of Baltimore, 4 1/2 years.

Place of Death, { Give street and number } 385 S. Charles St.

Cause of Death { First, (Primary,) } Diphtheria  
{ Second, (Immediate,) } croup

Duration of last Sickness, about 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, April 24.

{ Undertaker, B. Clarke

{ Place of Business, 112 West Street

Address, 1011 Sharp St.

J. P. Smith M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47554

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 21<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Erhart Fisher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 Years, 5 Months, 9 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number. } 309 Aliceanna St.

Cause of Death, { First, (Primary.) } Consumption  
{ Second, (Immediate.) }

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Luth. Church

Date of Burial, April 23<sup>rd</sup> 1881

{ Undertaker, Leonard Ritz

{ Place of Business, 129 1/2 J. Broadway Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Geo. E. Brown, Inspector

# Board of Health, City of Baltimore,

Permit No. 47555

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Apr 23rd 1881

Full Name of Deceased, Mary Alice Bowers

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 3 Years, 3 Months, 16 Days.

Color,

Married, Single, Widowed or Widower, { Cross out the word not } required in this line.

Occupation,

Birthplace, { State or Country and how } long in the United States, { if of foreign birth. }

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give street and } number.

Cause of Death, { First, (Primary.) } { Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 24th 1881

Undertaker, Wm J. Tiekner

Place of Business, 65 S. Eutaw St

W. W. C. Colburn, M.D.,  
Medical Attendant.

Address, 843 N. Lombard St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

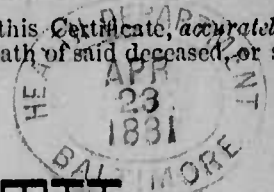
# Board of Health, City of Baltimore,

Permit No. 47836

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, April 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Kirk

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 29 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, { Give street and number. } 429 East Chase

Cause of Death, { First, (Primary.) Second, (Immediate.) } Specific Consumption

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 24<sup>th</sup> 1881

Geo. H. Mayson M.D.,  
Medical Attendant.

{ Undertaker, Wm. W. Mears

{ Place of Business, 45 N. Gay St. Address, 18 Niagara St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47832  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 22nd 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Kraemer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 9 Years, 11 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } No 154 Burgundy St.

Cause of Death { First, (Primary.) } Diphtheria Maligna  
{ Second, (Immediate) }

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Cemetery

Date of Burial, April 24, 89

{ Undertaker, Philipp S. Dices

{ Place of Business, 183. Columbia St. Address, 166 S. Pacat

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Grey

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Fifty Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, cook

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ellicott City

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, { Give street and number } No. 5-8 Canal Alley

Cause of Death { First, (Primary.) Consumption  
Second, (Immediate,) Convulsion

Duration of last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Leicester Cemetery

Date of Burial, April 24<sup>th</sup> 1881 L. B. Garaner M. D.  
Medical Attendant,

{ Undertaker, Saml. W. Chase

{ Place of Business, 194 S. Howard St. Address, 1204. Greene St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47539

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

April 21<sup>st</sup> / 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Madeline Wise

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

9

Months,

Days.

Color,

Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

9 months

Place of Death, { Give street and number. }

114 Wellesley Alley

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Marasmus

Duration of Last Sickness,

Since Birth

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 23<sup>rd</sup> 1881

{ Undertaker,

Geo H Perkins & Co

{ Place of Business,

130 Henrietta St

Geo H Bell

M.D.,

Medical Attendant.

Address,

101 S. Sharp St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47560

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anne S. Fulton

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 78 Years, 9 Months, 11 Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Nearly all her life

Place of Death, { Give street and number. } 243 Bolton St.

Cause of Death, { First, (Primary.) General Aethenia }  
{ Second, (Immediate.) " " }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 27<sup>th</sup> 1881

{ Undertaker, J. J. Jenkins & Son }

{ Place of Business, 75 N. Charles }

Alan P. Smith M.D. per  
Medical Attendant.  
A. R. Gorter M.D.  
Address, 45 Franklin St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47561

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 22<sup>d</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Catherine Walsh

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years,

3 Months, 13 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore, City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

441 Cross St.

Cause of Death, { First, (Primary.) }

Measles

Second, (Immediate.)

Pneumonia

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial, April 24<sup>th</sup>

Date of Burial, New Cathedral, Cemetery

R. J. N. Tall

M.D.,

Medical Attendant.

Undertaker, A. N. Tall

Place of Business, 131 Hanover St.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47562

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 22 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Joseph Stein

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 Year, 19 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 186 S. Bond St

Cause of Death, { First, (Primary.) Dementia  
Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 24 1881

{ Undertaker, Geo Schultze

{ Place of Business, 186 S. Bond St Address, Comm of Health  
Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Geo E. Taylor



# Board of Health, City of Baltimore,

Permit No. 47563

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, April 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William J. Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 8 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 343 East Monument St

Cause of Death, { First, (Primary.) Cold  
Second, (Immediate.) Convulsion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, 13<sup>mis</sup> P.O. R.R.

Date of Burial, April 23<sup>rd</sup> 1881

{ Undertaker, Wm. R. Hickman

{ Place of Business, 234 N. Gay St Address,

Geo. H. Mayson M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2156 Transit

# Board of Health, City of Baltimore,

Permit No. 17564

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 22/1887

Full Name of Deceased, Elizabeth Susan Eckler  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, ~~Male~~ or Female, Female  
Cross out the word not required in this line.

Age, 3 Years, Months, 18 Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation,

Birthplace, State or Country and how long in the United States, if of foreign birth. Bath City

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 570 Cross St

Cause of Death, First, (Primary.) Marasmus Second, (Immediate.) Exhaustion

Duration of Last Sickness, Twelve weeks

All the above information should be furnished by the Physician.

Place of Burial, Lincoln Park Cemetery

Date of Burial, April 24

Undertaker, J.B. Cochran

Place of Business, 707 West Butler Address, 111 W. Madison

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47565

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 21<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Mundschuh

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 6 Days

Place of Death, { Give street and number. } 255 S Broadway

Cause of Death, { First, (Primary.) } Broncho Pneumonia { Second, (Immediate.) } (Supposed) V

Duration of Last Sickness, abt 12 Days

All the above information should be furnished by the Physician.

Place of Burial, B. P. Cemetery

Date of Burial, April 22

{ Undertaker, Patrick Mullin

{ Place of Business, Address, 67 W Balto St

CHW Lofst M.D.,  
Comer & Co Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Special Attention of Physicians is respectfully invited to the Remarks below, and to the Regulations of the Board of Health.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47566*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

*April 22<sup>nd</sup> 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

*Jane Anderson*

Sex, ~~Male~~ or Female,

{ cross out the word not required in this line. }

Age,

*Thirty-Six*

Years,

Months,

Days.

Color,

*Brown*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

*Cook*

Birthplace,

{ State or country, (and how long in the United States, if of foreign birth. }

*Carroll Co, Md.*

Duration of Residence in the City of Baltimore,

*Twenty years*

Place of Death,

{ Give street and number }

*No. 130 Vine St.*

Cause of Death

{ First, (Primary.)

{ Second, (Immediate.)

*Consumption*  
*Prostration*

Duration of last Sickness,

*Three months*

All the above information should be furnished by the Physician.

Place of Burial,

*St. Vincent Cemetery*

Date of Burial,

*April 24 1881*

Undertaker,

*Henry H. Macken*

Place of Business,

*600 Charles St.*

*F. B. Gardner*

M. D.

Medical Attendant.

Address,

*120 N. Greene St.*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 47567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *Saturday April 23-1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ira Appoll Giles*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *6* Years, *3* Months,  Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *None*

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *28 Hunter St.*

Cause of Death, { First, (Primary.)  
Second, (Immediate.) } *Diphtheritic Croup.*  
*Apnoea*  
*Acute Bronch*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 23*

Undertaker, *A. O. R. Bandell*

Place of Business, *York Road and 267 Dallas St*

Medical Attendant, *Geo. G. Paylor M.D.*

Address, *222 N Broadway*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 22<sup>nd</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Barnady

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 90 Years, 11 Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Housekeeper

Birthplace, { State or country (and how long in the United States, if of foreign birth. } County - Galway Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 207 Druid Hill St.

Cause of Death, { First (Primary), Second (Immediate), } Senile debility

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cem. Edward A. Davis M. D.

Date of Burial, April 24<sup>th</sup> 1881 Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw St. Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 21, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Jane Scott

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 38 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B. C. ity

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 30 Perry St.

Cause of Death { First, (Primary,) Cerebral Apoplexy  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Charles Cemetery

Date of Burial, April 24

Undertaker, John Howens

Place of Business, 225 Centaur Address, 119 E. ...

John H. ... M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47570

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, April 21, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Oliver Campbell

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 18 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 153 West 9th

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 153 West 9th

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate,) 6 Day

Duration of last Sickness,  
All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 24

Underliaker, John H. Owens

Place of Business, 225 East Baltimore Address, 153 West 9th

Geo. H. Owens M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No.

47571

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 22, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Peter Ketting

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

14 Years,

10

Months,

14

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Confected

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balto. Md.

Duration of Residence in the City of Baltimore,

During life

Place of Death,

Give street and number.

174 W. Central

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pulmonary Tuberculosis

Haemoptysis

Duration of Last Sickness,

2 or 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

April 25th

Undertaker,

Geo Schelling

Place of Business,

34 Land Square

Address,

305 W. Caroline

Geo. A. Hartman M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47572

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, April 21<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Baer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Croaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, abt 28 yrs

Place of Death, { Give street and number. } 28 Leadenhall Street

Cause of Death, { First, (Primary.) Second, (Immediate.) } Progressive Locomotor Ataxia  
Asthma

Duration of Last Sickness, about 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 24

Undertaker, Julius Halder

Place of Business, Sharp Cross St

C. M. Morfit M.D.,  
Medical Attendant.  
(For Dr. G. Lieberman)  
Address, 63 E. Pratt St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47573

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William R Malbott

Sex, Male of Female, { Cross out the word not required in this line. }

Age, 68 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Piano Business

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Over 60 years

Place of Death, { Give street and number. } 235 N. Howard St

Cause of Death, { First, (Primary.) Disease of the Heart  
Second, (Immediate.) " " " " }

Duration of Last Sickness, had been attended for Organic Heart trouble or disease for 3 or 4 months previous to his death.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 25<sup>th</sup> 1881.

{ Undertakers, Andrews & J. Rodgers -

{ Place of Business, 446 Druid Avenue -

Signature of Physician, J. A. Beck M.D.,  
Medical Attendant

Signature of Coroner, S. D. Dist

Address, 151 S. Sharp St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Friday April 22nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Chapman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 38 Years, — Months, — Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. } Widow

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Russia

Duration of Residence in the City of Baltimore, Six months

Place of Death, { Give street and number } 325 Linnell St.

Cause of Death { First, (Primary,) Rheumatic fever  
Second, (Immediate,) Endocarditis

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Kingsville Burying Co.

Date of Burial, April 25th 1881

Undertaker, Thos. A. Keegan

Place of Business, 60 E. Baltimore St.

Address, 512 Calver St.

W. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. G. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47575

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

April 22<sup>d</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sallie R. Loffenbach

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Six

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balto City

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give street and number.

610 Lexington St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Inferior Meningitis

Duration of Last Sickness,

Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial,

Landon Park Cemetery

Date of Burial,

April 23<sup>d</sup> 1881

Undertaker,

Henry W. Mitchell

Place of Business,

550 W. Fayette St

Address,

J. C. Shinner

M.D.,

Medical Attendant.

41 N. Calvert St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47576

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 23rd. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Riley

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 42 Years, 8 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Farmer

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 401 Scott St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia  
Acute Phthisis

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 25/81

{ Undertaker, Wm J. Tiekner }

{ Place of Business, 65 S. Eutaw St } Address, 108 S. Eutaw St

Geo D. Bland M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 23rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernst Hermann

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 Years, 6 Months,        Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,       

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,       

Place of Death, { Give street and number } 5th House West of Ridgely in Street

Cause of Death { First, (Primary.) } Diphtheritic Croup  
{ Second, (Immediate) }

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park

Date of Burial, April 25th 1881

Undertaker, Wm. J. Tiekner

Place of Business, 65 S. Eutaw Address, 166 S. Paca St.

W. L. Buddenbom M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 7  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 47578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 22 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Henry Anderson

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 37 hours Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 93 S. Register St

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 93 S. Register St

Cause of Death, { First, (Primary,) Second, (Immediate,) } Mania

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mr. Carmel Cox

Date of Burial, April 24 1881 In Church M. D.

Undertaker, M. A. Daiger Medical Attendant, \_\_\_\_\_

Place of Business, 74 S. B'ing Address, 1500 Broadway

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 47579

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alf Jahn

Sex, Male or Female. { Cross out the word not required in this line. } Male

Age, \_\_\_\_\_ Years, Eight (8) Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~. { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

25 South Ann St.

Cause of Death, { First, (Primary.) } Hooping Cough

Second, (Immediate.) Pneumonia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 24<sup>th</sup> 1881

Geo S. Lynett M.D.,  
Medical Attendant.

{ Undertaker, W. A. Daisier

{ Place of Business, 74 S. Broadway Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 47580

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 22, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Esther A. Colburn

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 29 Years, 3 Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, { Give street and number. } 102 S. Chester St.

Cause of Death, { First, (Primary.) Pulmonary Phthisis. Second, (Immediate.) Exhaustion. }

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Nicommo Co. Md.

Date of Burial, Apr. 25, 1881

Undertaker, M. A. Fairman

Place of Business, 74 S. Broadway Address, 94 S. Broadway.

George A. Rice, M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2159 Francis



# Board of Health, City of Baltimore,

Permit No. 47581

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 21<sup>st</sup> 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Berkeley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 Years, 3 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 365 East av.

Cause of Death, { First, (Primary.) Gastric fever  
Second, (Immediate.) Acute Meningitis }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 24. 1891

R. W. Mansfield M.D.,  
Medical Attendant.

{ Undertaker, John Henry

{ Place of Business, 382 Calverton St.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 47582

## Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, April 22 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Myers

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 45 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Free

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 18 Years

Duration of Residence in the City of Baltimore, #-40 Pimlico Alley

Place of Death, { Give street and number. } Un Known

Cause of Death, { First, (Primary.) Second, (Immediate.) } Two Weeks

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 24 1881

{ Undertaker, H. Ross

{ Place of Business, Commissioner of Health and Registrar

Address, By Jas V. Dick-Patrick

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

By Jas V. Dick-Patrick [OVER.]

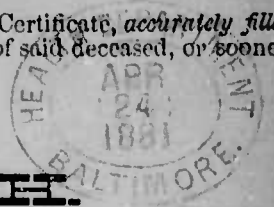
# Board of Health, City of Baltimore,

Permit No. 47583

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, April 22nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levy Anthony Lee

Sex, Male or Female, { Cross out the word not required in this line. }

Age, abt 80 Years, — Months, — Days.

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Carrage Driver

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, abt 43 yrs

Place of Death, { Give street and number. } 126 E. B. St

Cause of Death, { First, (Primary.) Old age Second, (Immediate.) Pneumonia Asthma }

Duration of Last Sickness, abt 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Church

Date of Burial, April 24 1881

{ Undertaker, Abram Wayman

{ Place of Business, #13 Kratozja Address, 63 E. B. St

Chas. Morfit M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 47584

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 23<sup>rd</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Safell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, Nineteen Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all its life

Place of Death, { Give street and number. } 378 N. Stricker St

Cause of Death, { First, (Primary.) Measles, Stomatitis, Bronchitis }  
{ Second, (Immediate.) }

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 24<sup>th</sup>

{ Undertaker, J. E. Hough }  
{ Place of Business, 320 Penn Ave } Address, 317 Mosher St

Medical Attendant, Julius Hale M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47585

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Months, 14 Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

W. S. Booz M.D.,  
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 22 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Olivia Burness

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 18 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Salisbury, Md.

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and number } 10 1/2 Territ. st

Cause of Death { First, (Primary,) Second, (Immediate,) } Anaemia

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 24 1881 J. H. Hanes M. D.  
Medical Attendant.

{ Undertaker, H. H. Chase

{ Place of Business, 198 Howard Address, 117 1/2 Howard

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 23, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Potucek

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 18 Years, Months, Days.

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B. Germany

Duration of Residence in the City of Baltimore, 11 yrs.

Place of Death, { Give street and number } 37 Duane St.

Cause of Death { First, (Primary.) } Remittent Fever  
{ Second, (Immediate.) } Pleuro Pneumonia

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephen's Church

Date of Burial, April 25, 1881

Undertaker, John Hennig

Place of Business, 382 Orleans St.

J. Helollenberg M. D.  
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47588

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, April 23 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jane A. V. Blake

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — Years, 3 Months, — Days.

Color, ~~red~~

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ☒ Single

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 10 Green Willow Court

Cause of Death, { First, (Primary.) Cold  
Second, (Immediate.) Hemorrhage of Bowels  
3 days

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, ~~St. Paul's Church~~ —

Date of Burial, April 24/81

{ Undertaker, Chas. A. White } { Medical Attendant, J. M. A. Stearns, M.D. }

{ Place of Business, — } { Address, Commission of Health & Registrar }

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Geo. E. Brown Inspector

# Board of Health, City of Baltimore,

Permit No. 47585

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 21<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas H. V. Mc. Kitzick

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 38 Years, Months, Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } single

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltw. City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number. } 70 Harford Av.

Cause of Death, { First, (Primary.) Bright's disease }  
{ Second, (Immediate.) }

Duration of Last Sickness, six years

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, April 24<sup>th</sup> 1881

{ Undertaker, James O. Byrne }

{ Place of Business, No 63 N. Front St. } Address, 27 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47550

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, April 28

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry J. F. Drill

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, (30) 30 Years, 9 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Machinist

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 231 E. Madison St.

Place of Death, { Give street and number. } Consumption

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption

Duration of Last Sickness, one year & six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 25th

{ Undertaker, Geo. Schilling

{ Place of Business, Arkland Square

M. B. Billings M.D.,  
Medical Attendant.

Address, 956 E. John St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 227 271  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 23rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augusta Shipley

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 27 Years, 10 Months,  Days.

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number } No 313 South Bond St

Cause of Death, { First, (Primary.) Phthisis Pulmonalis  
Second, (Immediate,) Six Months

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, April 24th 1881

Undertaker, Geo. Ritz

Place of Business, 127 1/2 S. Broadway Address, 22 Jackson Square

Thomas J. Evans M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 47592

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, April 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice M. Green

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Years, 3 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 14 Hammond Lane

Cause of Death, { First, (Primary.) } Mania { Second, (Immediate,) }

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp Mt. Cemetery

Date of Burial, April 24th 1881

{ Undertaker, Wm. H. Surges }

{ Place of Business, No 62 East } Address, 361 Franklin St.

M. D.  
Medical Attendant.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

{OVER}



No. 437593

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47593

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 23<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Laura E. Brown

Sex, Male or Female, { cross out the word not } required in this line. }

Age, 64 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not } required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, Ten (10) years

Place of Death, { Give street and number } No 279 N. Street

Cause of Death, { First, (Primary.) } Heart Disease  
{ Second, (Immediate,) }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, New York

Date of Burial, April 25<sup>th</sup> 1881 M. D.

{ Undertaker, Jno H. Weaver } Medical Attendant.

{ Place of Business, 226 Fayette St } Address, Street 9. Brown

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 47524  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 23 April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adolam Holger

Sex, Male or Female, { cross out the word not required in this line. } male

Age, Years, 5 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } W. Pratt St Ramsey 132

Cause of Death, { First, (Primary.) } Convulsions  
{ Second, (Immediate.) }

Duration of last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, { White grounds } Second district

Date of Burial, 24 April 1881

Underlaker, Georg Leimbach

Place of Business, 384 W Pratt St

L. A. Reinhard M. D.  
Medical Attendant.

Address, 224 West Fayette St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No.

47595

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Saturday April 23-1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Samuel M. Doyle

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

3

Years,

9

Months,

16

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

None

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give street and number.

Wanamant Extended

Cause of Death,

First, (Primary.)

Pneumo-Pneumonia

Second, (Immediate.)

Exhaustion

Duration of Last Sickness,

Twelve (12) Days

All the above information should be furnished by the Physician.

Place of Burial

St Carmel

Date of Burial,

April 24

Undertaker,

Tru Bros

Place of Business,

54 N Broadway

Address,

222 N Broadway

C. H. Doyle M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47590

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47556

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Apr 23 - 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } L. H. OsborneSex, Male ~~Female~~, { cross out the word not required in this line. }Age, 73 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, ~~Single~~, ~~Widow~~ or Widower, { Cross out the word not required in this line. }Occupation, Clergyman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } \_\_\_\_\_

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } St. James Infirmary, N. B. WayCause of Death, { First, (Primary.) Pneumonia }  
{ Second, (Immediate,) Thrombosis }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Chicago HillDate of Burial, Apr 26<sup>th</sup> 1881{ Undertaker, M. A. Dwyer }  
{ Place of Business, 2 Broadway } Address, \_\_\_\_\_

T. D. Gantt M. D.  
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DOLAN &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 24, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Walter

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 34 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } \_\_\_\_\_

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } #91 N. Wolf St.

Cause of Death, { First, (Primary.) Bronchitis  
Second, (Immediate,) Convulsions }

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Bell's Corner

Date of Burial, Apr. 25, 1881

{ Undertaker, J. H. Roman

{ Place of Business, 97. Orphans

J. Kellenberg M. D.  
Medical Attendant.

Address, 369 E. Baltimore St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 47598  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47598

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH. April 23/81

Date of Death, ~~March 23/81~~ April 23/81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Sackelora

Sex, ~~Male~~ Female, { cross out the word not required in this line. } Female

Age, 4 Years, 1 Months, Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and number } No 320. Nicanna St

Cause of Death, { First, (Primary.) } Membranous Croup  
{ Second, (Immediate.) }

Duration of last Sickness, Six hours

All the above information should be furnished by the Physician.

Place of Burial, St. Anthonys Cemetery

Date of Burial, April 25 Thomas J. Evans. M. D.

{ Undertaker, } Wm. D. Dyer { Medical Attendant. }

{ Place of Business, } Bond 157 { Address, } 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47599

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 24 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louisa Schwind

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

7

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Pattison's Lane near Calhoun St

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

Pattison's Lane near Calhoun St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Convulsions

Duration of Last Sickness,

1/2 hour

All the above information should be furnished by the Physician.

Place of Burial,

Sweet Home

Date of Burial,

April 25 1881

{ Undertaker,

Geo Saffran

{ Place of Business,

121 Penna Ave

Address,

Alexander Teasley

M.D.,

Medical Attendant

Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 23<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Elizabeth Larity

Sex, ~~Male~~ Female, { cross out the word not required in this line. } Female

Age, 33 Years, Months, 2 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 162 Euseb St

Cause of Death { First, (Primary.)

Phthisis pulmonalis -

Second, (Immediate,) Exhaustion

1 year

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, April 26<sup>th</sup> 1881 Irving Miller M. D.

Medical Attendant.

{ Undertaker, Jno H. Weaver & Co.

{ Place of Business, #22 West Fayette Address, 179 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47601

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 24<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Brandon

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 6 Days.

Color, Green

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, 1 night

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25<sup>th</sup> 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St Address, 245 S. Vermont

J. H. Throckmold M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47602

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 23, 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Cook

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

27

Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Virginia

Duration of Residence in the City of Baltimore,

One month

Place of Death,

Give street and number.

9 Bethel Place

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia

Exhaustion

Duration of Last Sickness,

Fourteen days

All the above information should be furnished by the Physician.

Place of Burial,

M. E. Cemetery

Date of Burial,

April 25, 1881

Undertaker,

Elisha Cox

Place of Business,

84 & 86 Bank St

Address,

94 S. Broadway.

George H. Roche, M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47603

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 24<sup>th</sup> 1887Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie May ColemanSex, Male or Female, { cross out the word not required in this line. } FemaleAge, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 3 Days.Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, at birthPlace of Death, { Give street and number } 1009 N. 5<sup>th</sup>Cause of Death, { First, (Primary.) Premature Child  
Second, (Immediate,) \_\_\_\_\_ }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Batho CemeteryDate of Burial, April 25<sup>th</sup> 1887 M. D.

Medical Attendant.

{ Undertaker, Dennis J. Mitchell{ Place of Business, 65 S. Broadway Address, 28 E. ...**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 47604

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 24. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine M. Namee

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 7 Years, 6 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Child

Occupation, "

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Georgetown D.C.

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, { Give street and number. } 10 Arzyle Ave.

Cause of Death, { First, (Primary.) Cerebral Meningitis. }  
{ Second, (Immediate.) " "

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, April 25<sup>th</sup> 1881

{ Undertaker, Chas T Scriven }  
{ Place of Business, 271 N Eutaw St } Address, 431 Penna Ave.

Medical Attendant, J. H. Christian M.D.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April, 24

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Rhodes

Sex, Male or Female, { cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, Colored (mulatto)

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 479 Saratoga St

Cause of Death { First, (Primary) Scarlet Fever. Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, April 25th Charles Getz, M. D. Medical Attendant,

{ Undertaker, Peter H. H. H. H.

{ Place of Business, 317 Mulberry Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47606

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 24. 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alpheus K. HansonSex, Male ~~or Female~~, { cross out the word not required in this line. }Age, 23 Years, 4 Months, 5 Days.Color, WhiteMarried, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }Occupation, Merchant.Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore CountyDuration of Residence in the City of Baltimore, 6 yearsPlace of Death, { Give street and number } 260 Presstman StCause of Death, { First, (Primary.) Phthisis PulmonalisSecond, (Immediate,) "Duration of last Sickness, 16 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemeteryDate of Burial, Apr 26 1881

D. B. Browne M. D.  
Medical Attendant.

{ Undertaker, Geo B. Clark{ Place of Business, No 707 W Baltimore StreetAddress, 307 Madison Av

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4760

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 4. 23. 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Jewett

Sex, Male or Female, { cross out the word not required in this line. }

Age, 19 Years, Months, Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, { Give street and number } 215 Wren

Cause of Death, { First, (Primary.) } Chorea { Second, (Immediate.) }

Duration of last Sickness, 9 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25

{ Undertaker, J. H. Owens

{ Place of Business, No. 225 E. Euter

Address, 349 E. Euter

W. D. Eastman

Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[574R.]



# Board of Health, City of Baltimore,

Permit No. 47608

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 25<sup>th</sup> 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leonard Pitt

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 22 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Stone Moulder

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 240 Alice Ave

Cause of Death, { First, (Primary.) Erysipelas - of the face and head  
Second, (Immediate.) Blood poisoning - Asthma

Duration of Last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, April 27<sup>th</sup> 1889

{ Undertaker, H. M. G. Meyer

{ Place of Business, No 341 Canton St Address, 77 So Broadway

G. L. Williams, M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 24, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Pamela E. Armstrong

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 66 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married Single~~ Widow or Widower, { Cross out the word not required in this line. }

Occupation, Gen. Houseman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Hopkirk Co Md.

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, { Give street and number } 73 N. Paca St.

Cause of Death { First, (Primary.) Debility  
Second, (Immediate,) Apoplexy

Duration of last Sickness, about a year,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Apr 26/81 W. P. Morgan M. D.  
Medical Attendant.

{ Undertaker, Stewart & W. W. W.

{ Place of Business, 35 E. Pratt St. Address, 175 S. Saratoga St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

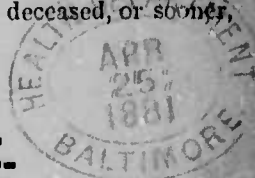
# Board of Health, City of Baltimore,

Permit No. 47 610

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *April 24 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Louis Hildebrand*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *16* Years, *—* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *city —*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *city —*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *32 E Pratt St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Rheumatism*  
*Heart Disease*

Duration of Last Sickness, *Two years*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *26 April*

Undertaker, *J. H. Roessing*

Place of Business, *52 E Pratt St* Address, *—*

*A. B. Hurd* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47611

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 23, 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

May Bevan

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

1

Years,

3

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

272 Hamburg St  
Hydrocephalus  
Asthma

Cause of Death,

{ First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

1 month

All the above information should be furnished by the Physician.

Place of Burial,

Shay's Cemetery

Date of Burial,

April 25

W. S. Berger

M.D.,

Medical Attendant.

{ Undertaker,

Heracles Ross

{ Place of Business,

15. Conway St Address,

20.6 Shapelt

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *4 month 24<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Matilda McTadalon*

Sex, Male or Female, { cross out the word not required in this line. } *female*

Age, *77* Years, *10* Months,  Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Widow*

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Long Life*

Place of Death, { Give street and number } *236 N. Gay St.*

Cause of Death { First, (Primary,) *Dilatation of the Heart*  
Second, (Immediate,)

Duration of last Sickness, *5 months*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *April 26<sup>th</sup> 1881*

Undertaker, *Wm. H. Schickman*

Place of Business, *234 N. Gay St.*

Address, *306 Madison Avenue*

*W. Riley* M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 47613

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 24 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estelle Johnson

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 14 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 2. Bethel Court

Cause of Death, { First, (Primary.) Premature Birth (7 mos)  
Second, (Immediate.) Inanition

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 25 1881 M.D.,

{ Undertaker, Dr. J. M. Demisore

{ Place of Business, 12 Bath St Address, Comm. of Health & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam'd - Beverly Sigsbee



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 23/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Whelan

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 Years, 2 Months, 1 Day.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Builder

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, { Give street and number } 12 Hancock St.

Cause of Death { First, (Primary,) Spasms  
Second, (Immediate,) 5 days

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, April 25/81

{ Undertaker, John Whelan

{ Place of Business, 150 Camden St.

Address, 587 W. Lombard St.

M. D.

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No.

47615

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

April 23 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sida Monsen

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

3 11

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

not known

Occupation,

Seaman

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

3 days

Place of Death,

{ Give street and number. }

University Hospital

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Pneumonia

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

April 25/81

F. West

M.D.,

Medical Attendant.

{ Undertaker,

J. A. Kerchner

{ Place of Business,

No. 50 Carrollton Ave

University Hospital

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 25, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Wagner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Three Years, Eleven Months, Days.

Color, White Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 596 Harford avenue

Cause of Death, { First (Primary,) Scarlet Fever  
Second (Immediate,) Cervical Abscess, Exhaustion

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City A. A. Clewell, M. D.

Date of Burial, April 26, 1881 Medical Attendant.

{ Undertaker, William Schmidt Address 558 Harford avenue

{ Place of Business, 263 East Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER



# Board of Health, City of Baltimore,

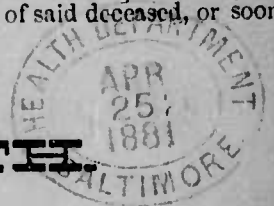
Permit No. 47617

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, April 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanch Tucker

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 4 Months, \_\_\_\_\_ Days.

Color, Bright

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) Dentition  
Second, (Immediate.) Convulsions }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, April 27<sup>th</sup> 1881

{ Undertaker, Patrick Mullins

{ Place of Business, B. Park

J. F. Ward M.D.,  
Medical Attendant.

Address, 127 St Paul

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No.

47618

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 24<sup>th</sup>

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Bridget Hodges

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

23 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

None

Birthplace,

(State or Country and how long in the United States, if of foreign birth.)

Dist Washington

Duration of Residence in the City of Baltimore,

4 years

Place of Death,

(Give street and number.)

24 S. Chester St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Consumption

Duration of Last Sickness,

9 months

All the above information should be furnished by the Physician.

Place of Burial,

Watts Cemetery

Date of Burial,

26<sup>th</sup>

J. G. Graft

M.D.,

Medical Attendant.

Undertaker,

Casper Eckhart

Place of Business,

269 Canton Ave.

Address,

187 Orleans St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

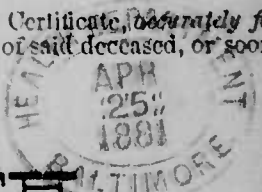
# Board of Health, City of Baltimore,

Permit No. 47619

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *April 23/81*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *George Washington*

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *21* Days.

Color, *Brown*

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. *Balto City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, Give street and number. *57 St Paul St*

Cause of Death, First, (Primary.) *Diarrhea*  
Second, (Immediate.) *10 days*

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *St Peters Cemetery*

Date of Burial, *April 27 1881*

Undertaker, *Patrick McEllen*

Place of Business, *9 Park Ave*

Address, *127 St Paul*

*J. G. Ward* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 24th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate A. Ausbacher

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 79 Years, Months, Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number. } Hebrew Hospital

Cause of Death, { First (Primary,) Subperitoneal Fibroid Tumors. Second (Immediate,) Pyemia

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician

Place of Burial, Oheb Shalom by S. W. Storm M. D.

Date of Burial, April 25th

Undertaker, Mrs. Elow

Place of Business, 101 Gough St. Physician, Hebrew Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

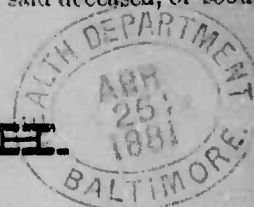
# Board of Health, City of Baltimore,

Permit No. 47621

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, Apr. 24th 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate King

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 50 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 167 Eager St.

Cause of Death, { First, (Primary.) } Congestion of Brain  
{ Second, (Immediate.) } 3 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, old Cathedral

Date of Burial, 26 April

{ Undertaker, Jas P Byrne

{ Place of Business, Front St

Jno. Brooke Byrd M.D.,  
Medical Attendant.

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 24/81

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

No Name  
Child of Jas & Harriet Williams  
Female

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

5 Minutes Days

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

116 1/2 Holiday Street

Cause of Death,

{ First (Primary),  
Second (Immediate), }

Miscarriage of 8 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laul Cemetery

Date of Burial,

April 25 1881

Undertaker,

Abram Wayman

Place of Business,

No 13 Saratoga St

Address

127 St Paul St

J. F. Ward M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47623

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laurence Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 56 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give street and number. } University Hospital

Cause of Death, { First, (Primary.) Phthisis }  
{ Second, (Immediate.) Asthenia }

Duration of Last Sickness, 7 WEEKS

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 26<sup>th</sup>

{ Undertaker, Mr Cook }

{ Place of Business, 707 W. Baltimore }

J. W. East M.D.,  
Medical Attendant.

Address, University Hospital

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47624

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 25, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Vincent

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, Years, Months, About 6 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Landmark

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } St. Vincent Infant Asylum

Cause of Death, { First, (Primary.) } feeble from birth under age  
{ Second, (Immediate.) } Asthenia

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Bonine Bros.

Date of Burial, April 26, 1881

{ Undertaker, } Marbury Bros.

{ Place of Business, } 120 N. E. St. Address, 120 N. E. St.

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47625

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, 23 April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Lee

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 1 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Syphilis, Congestive }  
{ Second, (Immediate.) Spasm }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Union Burial

Date of Burial, April 25 1881

Undertaker, J. P. Cunningham

Place of Business, 150 Division St.

Address, 68 W. Calver St.

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47626

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 25<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sarah Anne Kenney,

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

5

Months,

Days.

Color,

White.

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

72 Goodman St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Erysipelas.

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

A. Peters

Date of Burial,

April 26<sup>th</sup> 1881

Undertaker,

B. Harte

Place of Business,

82 West St.

R. J. N. Fall

M.D.,

Medical Attendant.

Address, 152, Sharp,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 23 April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Federick Henry Caspari

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 29 Years, 9 Months, 8 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, bookkeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } Mount Royal Avenue 167

Cause of Death, { First, (Primary,) accidental poisoning by carbolic acid.  
Second, (Immediate,) High temperature of body

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26 April 1881

{ Undertaker, Ed. Lizard

{ Place of Business, Pen. Avenue Address, 224 West Fayette St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 47628

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

April 24 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Leann Digg

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 25 Years,

Months,

Days.

Color,

Yellow

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Virginia

Duration of Residence in the City of Baltimore,

10 Years

Place of Death, { Give street and number. }

University Hospital

Cause of Death, { First, (Primary.) }

Extra uterine Pregnancy

{ Second, (Immediate.) }

Pyæmia

Duration of Last Sickness,

7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 27 1881

{ Undertaker, B. Wehase

{ Place of Business, 148 Howard St

J. West

M.D.,

Medical Attendant.

Address, University Hospital

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47629*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *April 25<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *John Dickinson Logan*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *64* Years, Months, Days.

Color, *White* Sex,

Married, ~~Single, Widowed or Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Philadelphia Pa*

Duration of Residence in the City of Baltimore, *Ten Years*

Place of Death, { Give street and number. } *171 N Charles St*

Cause of Death, { First (Primary), Second (Immediate), } *Disease of Heart*

Duration of Last Sickness, *about 5 months*

All the above information should be furnished by the Physician.

Place of Burial, *Philadelphia Pa* *J. J. Miles* M. D.

Date of Burial, *April 28<sup>th</sup> 1881* Medical Attendant.

{ Undertaker, *Henry Jenkins & Son*

{ Place of Business, *75 N Charles St* Address *24. Cathedral St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*2161 Transfers*

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47630

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 24

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Boston

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 14 1/2 yrs

Place of Death, { Give street and number. } 177 1/2 Hughes

Cause of Death, { First, (Primary.) Consumption of Lungs }  
{ Second, (Immediate.) }

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, April 26th 1881

{ Undertaker, Geo. W. Perkins, Jr. }  
{ Place of Business, 130 Henrietta } Address, 313 Light

Medical Attendant, D. H. V. Lee, M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47631

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 25<sup>th</sup> 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

~~George J.~~ Mary Agnes Phillips

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

9

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

397 E. Madison St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Phthisis Pulmonalis  
4 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Greenwood Cemetery

Date of Burial,

April 27 1881

R. J. N. Tall.

M.D.,

Medical Attendant.

Undertaker,

Henry Koch

Place of Business,

107 N. Central

Address, 15 E. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2162 Transit



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 25 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles A. Talbott

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 56 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Printer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 183 S. Paca St

Cause of Death { First, (Primary.) Paralysis  
Second, (Immediate,) Carbuncle on neck

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park City

Date of Burial, April 27<sup>th</sup> 1881

Chris Fawcett M. D.  
Medical Attendant.

{ Undertaker, John Mosher

{ Place of Business, 16150 Camden

Address, 92 Mosher St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Baltimore April 24th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew Stephens

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 84 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Was. wood cutter

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Talbot county Maryland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number } 257 Montgomery St.

Cause of Death, { First, (Primary.) Blindeyes and Paralysis  
Second, (Immediate.) Apoplexy

Duration of last Sickness, Continued for 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 26 1887

{ Undertaker, W. H. Chase

{ Place of Business, 198 Howard St. Address, 146 Hill St.

V. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[5745]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47634*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *Apr. 25*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Marie Barnett*

Sex, Male or Female, { cross out the word not required in this line. }

Age, *5* Years, *5* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *—*

Occupation, *Balt.*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Free work*

Duration of Residence in the City of Baltimore, *61 President St*

Place of Death, { Give street and number } *Gastro enteric*

Cause of Death { First, (Primary,) Second, (Immediate,) } *Aschiria*

Duration of last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *St Peters*

Date of Burial, *April 26 1881*

Undertaker, *C. F. Krause*

Place of Business, *—*

Address, *114 Park*

*F. E. Chataway* M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. 47635

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Otto Schweser

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 4 days

Place of Death, { Give street and number. } Bremen Rev. Locust Pl

Cause of Death, { First, (Primary.) Crocod }  
Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, April 26<sup>th</sup> 1881

{ Undertaker, H. Sander

{ Place of Business, 252. Cant an

M.D.,

Medical Attendant, Comm of Health  
+ Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Permit Must be Obtained in every Case Previous to the Passage of the Body into the City of Baltimore.

47635  
No. **Application for a Transit Permit.** 47635

FROM BUREAU OF RECORDS OF VITAL STATISTICS, HEALTH DEPARTMENT OF THE CITY OF BALTIMORE

HEALTH DEPARTMENT  
APR 26 1881  
BALTIMORE  
Permission is Desired to remove the remains of

Name *Otto Schwankes*

Age *3 years*

Occupation *Child*

Place of Death *Bremen Pier, Locust Point* Date Death *25<sup>th</sup> Apr.*

Cause of Death *Croup*

Place of Birth *Geigitz, Prov. Preussen, Germany.*

Now at *Bremen Pier, Locust Point* Arrived by what Route *North German Lloyd*

For interment at *St Pauls Cemetery*

How Certified

Name and Address  
of Application.

*Dr. R. v. Serber. physician*  
*Henry Sander*  
*252 Cantonware,*

Baltimore (date), *26<sup>th</sup> of Apr.*

1881

JOHN B. PIET, Printer and Stationer.

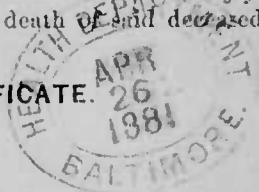
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, *April 25<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Catherine Greentree*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *85* Years, *2* Months, *18* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Widow*

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Frederick County Md*

Duration of Residence in the City of Baltimore, *33 yrs*

Place of Death, { Give street and number. } *54 Cumberland St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Old age Debility*

Duration of Last Sickness, *2 months*

All the above information should be furnished by the Physician.

Place of Burial, *Louden Park C*

Date of Burial, *April 27, 1881*

*William Greentree* M. D.  
Medical Attendant.

{ Undertaker, J. B. Blackissom

{ Place of Business, I Carey 22 D Address *647 Penn Avenue*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 26-1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary J. Harvey  
Sex, Male or Female, { Cross out the words not required in this line. } Female  
Age, 60 Years, Months, Days  
Color, White  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single  
Occupation, Virginia  
Birthplace, { State or country (and how long in United States, if of foreign birth.) } 13 years  
Duration of Residence in the City of Baltimore, 87 Sharp St.  
Place of Death, { Give street and number. }  
Cause of Death, { First (Primary,) Inflammation of Brain  
Second (Immediate,) 6 days  
Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Virginia  
Date of Burial, April 26-1881  
{ Undertaker, J. B. Blackiston & son  
Place of Business, Carey 22 St }

R. C. Lee M.D.  
Medical Attendant.

Address, Hancock & Barn Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2163 Transit

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 26 1881

Full Name of Deceased, Perry Clarke  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male ~~Female~~, { cross out the word not required in this line. }

Age, 91 Years,      Months,      Days.

Color, colored

Married, Single ~~Widow~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation,     

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, { Give street and number } 11 John Alley

Cause of Death, { First, (Primary.) } Hemiplegia

{ Second, (Immediate.) } Senile decay

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 27 1881

John A. Allen M. D.  
Medical Attendant.

Undertaker, John C. Jordan Commiss of Health

Place of Business, Park ave Address, Registrar

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *47639*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *April 25th*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Crescena Smith-*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *74* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *Housewife*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *44 Years*

Place of Death, { Give street and number. } *No 151 N. Eden St*

Cause of Death, { First, (Primary.) *Cardiac disease*  
Second, (Immediate.) *Dropsy*

Duration of Last Sickness, *Eighteen months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *April 28, 1881.*

{ Undertaker, *H. Thalmann*  
Place of Business, *63 N. Eden St* Address, \_\_\_\_\_

*J. M. Whitridge* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No.

47640

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 26 1881  
BALTIMORE

## CERTIFICATE OF DEATH

Date of Death,

April 25<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maria March

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

59

Years,

8

Months,

11

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Widow

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore County

Duration of Residence in the City of Baltimore,

3 years

Place of Death,

{ Give street and number. }

No 704 Hanover St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Aneurism of the Aorta

Duration of Last Sickness,

3 years

All the above information should be furnished by the Physician.

Place of Burial,

Balto Co Md

Date of Burial,

April 27<sup>th</sup> 1881

J G Womble

M.D.,

Medical Attendant.

{ Undertaker,

J. Bruler

{ Place of Business,

Henrietta St

Address,

203 W. Lombard

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2164 Francis

# Board of Health, City of Baltimore,

Permit No. 47641

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 26<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel David

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Seven Months, Twenty five Days.

Color, Colored.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Sullivan Co. Md

Duration of Residence in the City of Baltimore, Six months

Place of Death, { Give street and number. } 172. Muligan St

Cause of Death, { First, (Primary.) Second, (Immediate.) } cerebro spinal meningitis

Duration of Last Sickness, Twenty one days.

All the above information should be furnished by the Physician.

Place of Burial, Samuel Cemetery

Date of Burial, April 26<sup>th</sup> 1881 Geo. W. Burkman M.D., Medical Attendant.

{ Undertaker, Theo Locks

{ Place of Business, 173 Jefferson St Address, 173 Jefferson St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophia Clemer

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 10 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 36 Duncan St.

Cause of Death { First, (Primary,) Marasmus  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, over four

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 26<sup>th</sup> 1881

Undertaker, Geo. J. Ecks

Place of Business, 473 Jefferson

J. W. Collenberg M. D.  
Medical Attendant.

Address, 369 E. Baltimore St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



Permit No. 47643

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 25<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ellenora Harris

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Female

Age,

5

Years,

Months,

22

Days.

Color,

Colored

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 17 China st.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Shap & Co.

Date of Burial,

April 26

Undertaker,

John H. Owens

Place of Business,

225 Centre

Address,

166 S. Pea St.

A. L. Buddenbom

M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47644*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *April 25<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Julia B. Wolfe*

Sex, Male or Female, { cross out the word not required in this line. }

Age, *2* Years, *1* Months, *20* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *93 N Gay St*

Duration of Residence in the City of Baltimore, *all her life*

Place of Death, { Give street and number } *93 N Gay St*

Cause of Death { First, (Primary,) *Diphtheria*  
Second, (Immediate,) *Diphtheritic Croup*

Duration of last Sickness, *11 days*

All the above information should be furnished by the Physician.

Place of Burial, *Loyd St. Cemetery*

Date of Burial, *April 27*

{ Undertaker, *C. Hollander & Sons*

{ Place of Business, *22 N. Pratt St.* Address, *18 N. Eubank St.*

*Dr. E. Blagitt* M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 25<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna R. Maxfield

Sex, Male or Female, { cross out the word not required in this line. }

Age, 11 Years, 10 Months, 10 Days,

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,                     

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 206. Vine St.

Cause of Death { First, (Primary.) Second, (Immediate,) } Pneumonia

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, April 26<sup>th</sup> 1881

Undertaker, Wm. N. Dwyer

Place of Business, No 62 East St.

A. C. Fox M. D.  
Medical Attendant,

Address, 467. W. Fayette St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is directed to the Remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47646*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *April 23rd 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

*Robert H. Wilson*

Sex, Male or Female, { cross out the word not required in this line. }

*Male*

Age, *7yr* Years, Months, Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

*Balt.*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number }

*Cor. Oregon & Lehigh Ave*

Cause of Death { First, (Primary.)

*Pneumonia*

Second, (Immediate.)

*Consumption*

Duration of last Sickness,

*Eight months*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

Date of Burial, *April 26th 1881*

*Silas B. Calver* M. D.  
Medical Attendant.

{ Undertaker, *Wm. N. Dunger*

{ Place of Business, *No 62 East St*

Address, *152 Townsend St.*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4764

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 26<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah ManifoldSex, Male or Female, { cross out the word not required in this line. } FemaleAge, 75 Years, 10 Months,  Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } WidowOccupation, House KeepingBirthplace, { State or country, (and how long in the United States, if of foreign birth. } York Township, Penna.Duration of Residence in the City of Baltimore, 37 YearsPlace of Death, { Give street and number } No. 208 N. Eden St.Cause of Death, { First, (Primary.) Age and Chronic Diarrhea  
Second, (Immediate,) ParalysisDuration of last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CemeteryDate of Burial, April 28<sup>th</sup>{ Undertaker, George Schilling{ Place of Business, Edmond Square Address, 195 N. Eden St.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 1  
The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Matilda Smith

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 9 Months, 23 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 32 Hudson St

Cause of Death, { First, (Primary,) meningitis  
Second, (Immediate,) 2 1/2 days

Duration of last Sickness, 2 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Church

Date of Burial, April 27th 1881

Undertaker, M. A. Kaiser

Place of Business, 140 S. Bay

E. J. Williams M. D.  
Medical Attendant.

Address, 17 Calverton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

Permit No. *47649*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

*April 24th*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*William A. Lee*

Sex, Male ~~Female~~

Cross out the word not required in this line.

*Male*

Age,

*40*

Years,

*11*

Months,

*15*

Days.

Color,

*White*

Married, ~~Single~~, ~~Widow~~ or ~~Divorced~~

Cross out the word not required in this line.

*Married*

Occupation,

*Labren*

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Balto. Md.*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death,

Give street and number.

*No. 211 South Bethel*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Phthisis Pulmonalis*

Duration of Last Sickness,

*12 months*

All the above information should be furnished by the Physician.

Place of Burial,

*Wm. Camel Ceme*

Date of Burial,

*Apr. 27th 1881*

Undertaker,

*M. A. Haight*

Place of Business,

*74 S. B. Bury*

*Thomas J. Evans* M.D.,  
Medical Attendant.

Address, *22 Larchmont Square*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47650

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nellie J. Peab.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } XXX

Occupation, XXX

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } Cor. Chase St. & Street Place

Cause of Death, { First, (Primary.) Cerebral Congestion  
Second, (Immediate.)

Duration of Last Sickness, Not been well for several weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, Apr. 27<sup>th</sup> 1881

{ Undertaker, W. A. Davis  
Place of Business, 44 S. Bay.

James E. Dummelle M.D.,  
Medical Attendant.

Address, 299 E. Baltimore St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,  
Permit No. 47651 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, April 27, 1888.  
Full Name of Deceased, John Albert Marto  
Sex, Male or Female, Male  
Age, 5 Months, 17 Days.  
Color, White.  
Married, Single, Widowed, or Widower, Single.  
Occupation,   
Birthplace, Ball City  
Duration of Residence in the City of Baltimore, During life  
Place of Death, North Howard St. - Priming School  
Cause of Death, Remittent Fever.  
Convulsions.  
Duration of Last Sickness, 10 days.  
Place of Burial, Western Cemetery  
Date of Burial, April 29  
Undertaker, Walter Immel  
Place of Business, 315 N. B. St.  
Address, 530 Penna St.  
M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47652

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 26<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Wertz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 Years, 3 Months, 26 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } Single

Occupation, Druggist

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, (Native) Since birth

Place of Death, { Give street and number. } 130 Franklin St

Cause of Death, { First, (Primary.) Not known  
Second, (Immediate.) Convulsions

Duration of Last Sickness, Only a few minutes - Died suddenly

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 28 81, W. H. Antim M.D.,  
Medical Attendant.

{ Undertaker, Philipp J. Deel

{ Place of Business, Columbia Ave, Address, 172 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 47653

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 26 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma T. Schley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 Years, 4 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Coach trimmer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Baltimore

Place of Death, { Give street and number. } 193 German Street

Cause of Death, { First, (Primary.) Chronic Cystitis }  
{ Second, (Immediate.) Uræmia }

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 28th 1881

{ Undertaker, John S. Archer }

{ Place of Business, No 150 Camden }

Address, J. R. Wiley M.D., Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47654

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

April 26, 1891

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Eva Green

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

7

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

All life

Place of Death,

Give street and number.

31 China St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia  
Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lanier Cemetery

Date of Burial,

April 26

Undertaker,

He [illegible]

W. S. Broze M.D.,  
Medical Attendant.

Place of Business,

25 [illegible]

Address,

206 Sharp St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. *47655*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *Monday April 25-1881*

Full Name of Deceased, *Martha Thompson*  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, *Female*  
Cross out the word not required in this line.

Age, *one* Years, *11* Months, *1* Days.

Color, *Colored*

Married, Single, Widow or Widower, *None*  
Cross out the word not required in this line.

Occupation, *None*

Birthplace, *Baltimore Md.*  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, *268 Mc Donough St.*  
Give street and number.

Cause of Death, *Cellulitis - Cutaneous Erysipelas - Exhaustion*  
First, (Primary.) Second, (Immediate.)

Duration of Last Sickness, *about 10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Samuel Vimentery*

Date of Burial, *April 26 1881*

Undertaker, *Charles A White*

Place of Business, *35 Franklin Street* Address, *222 N Broadway*

*Geo J. Meyer M.D.,*  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

April 25 / 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

J. E. Camp

Sex, ~~Male~~ or Female,

{ cross out the word not required in this line. }

Male

Age,

1

Years,

10

Months,

14

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or country, (and how long in the United States, if of foreign birth. }

227 N Calhoun

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number }

227 Calhoun W. Grove yard

Cause of Death

{ First, (Primary.)

Second, (Immediate.)

Dysentery caused from bad drainage. new ground & exposed to water  
all together two months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

London Park Cem

Date of Burial,

April 27<sup>th</sup> 1887

Undertaker,

L. Lewis Schaefer

Place of Business,

109 N Lombard

Address,

109 N Lombard

M. D.

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 47657

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Abby Millig.

Sex, Male or Female, { cross out the word not required in this line. }

Age, 3 Years, 7 Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } New Orleans.

Duration of Residence in the City of Baltimore, One year.

Place of Death, { Give street and number } No 48 Hollard St.

Cause of Death, { First, (Primary.) } Diphtherial Croup  
{ Second, (Immediate,) } 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 28<sup>th</sup>

{ Undertaker, Harry Meyer

{ Place of Business, 309 N. Central Ave

Address, 121 E. Baltimore St.

M. D.  
Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[over]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or longer, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 25<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Orie Jefferson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Five Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Calvert Co Ind

Duration of Residence in the City of Baltimore, Three Years

Place of Death, { Give street and number } 16 Leadenhall St.

Cause of Death { First, (Primary.) Phthisis pulmonalis  
Second, (Immediate) Asthenia

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, April 27<sup>th</sup> 88

Undertaker, Geo W Perkins & Co

Place of Business, 130 Henrietta

Wm Lomax M. D.  
Medical Attendant.

170 S. Sharp St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47659

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 26<sup>th</sup>

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Thompson

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

5-

Months,

Days.

Color,

Col

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Ind

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give street and number. }

# 8 Shields St

Cause of Death,

{ First, (Primary.) }

Indigestion

{ Second, (Immediate.) }

Spasms

Duration of Last Sickness,

A Short Time (only saw it once)

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 27<sup>th</sup> 1883

W W Austin M.D.,

Medical Attendant.

{ Undertaker,

Geo Saffran

{ Place of Business,

121 Penna Ave

Address, 172 Franklin St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47660

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *April 26<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Lizzie Sanks*

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age, *three* Years, *six* Months,  Days.

Color, *Colored*

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *three years & six months*

Place of Death, { Give street and number. } *Cecil St. bet. Montgomery & Annetta Sts.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Catarrhal Phthisis*  
*Asthma*

Duration of Last Sickness, *About ten months*

All the above information should be furnished by the Physician.

Place of Burial, *Shank Cemetery*

Date of Burial, *April 28*

*H. C. McSherry* M.D.,  
Medical Attendant.

*John Howens*  
Undertaker,

*228 E. ...*  
Place of Business,

*Balto. Infirmary*  
Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47661

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Apr 25<sup>th</sup>Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles ReedSex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }Age, 3 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, coloredMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.Duration of Residence in the City of Baltimore, During lifePlace of Death, { Give street and number } 243 Central St.

Cause of Death, { First, (Primary,) \_\_\_\_\_

{ Second, (Immediate,) \_\_\_\_\_ convulsionsDuration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, North CemeteryDate of Burial, April 27 1881{ Undertaker, S. W. Chase{ Place of Business, 92<sup>nd</sup> Howard St.
R. M. Hall M. D.  
 Medical Attendant.
Address, 262 Sharp St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 25/88

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alice Weirtherles

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

27

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Servant

Birthplace,

{ State or country (and how long in the United States, if of foreign birth.) }

Baltimore Md

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give street and number. }

7 Clover Alley

Cause of Death,

{ First (Primary), ... }

{ Second (Immediate), ... }

Cancer of Uterus (Supposed)

Duration of Last Sickness,

Said to have been 4 months

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 29<sup>th</sup> 1888

Undertaker,

Wm. P. Gray

Place of Business,

68 Mulberry

J. F. Ward

M. D.

Medical Attendant.

Address

127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 26/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Snack

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 51 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, 61 years

Place of Death, { Give street and number } No 23 N. Amity St

Cause of Death { First, (Primary,) Phthisis  
Second, (Immediate,) Hemorrhage of lungs.

Duration of last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Louder Park cemetery

Date of Burial, April 27

Undertaker, J. B. Corb

Place of Business, 707 N. St. Butter

J. L. Spear M. D.  
Medical Attendant.

Address, 387 W. Lombard St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 47664

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 4-24-1888

Full Name of Deceased, {

Write legibly and spell correctly. If an Infant not named, give names of parents.

Infant Mother - Mollie Curtis

Sex, Male or Female, {

cross out the word not required in this line.

Female

Age,     

Years,     

Months, 2

Days.

Color, White

Married, Single, Widow or Widower, {

Cross out the word not required in this line.

Occupation,     

Birthplace, {

State or country, (and how long in the United States, if of foreign birth.)

161 W. Lombard St. Maternity

Duration of Residence in the City of Baltimore,     

Place of Death, {

Give street and number

161 W. Lombard

Cause of Death, {

First, (Primary.)

Second, (Immediate.)

Cyanosis

Duration of last Sickness,     

All the above information should be furnished by the Physician.

Place of Burial, Used for Anatomy

Date of Burial, scat purposes

Undertaker, Malerich

Place of Business,     

Address, 161 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47663

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Apr 26 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Larry Magnus Wehage

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 29 Years, \_\_\_\_\_ Months, 15 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Balto

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 240 Williams

Cause of Death, { First, (Primary) Phthisis Pulm  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 2 years about

All the above information should be furnished by the Physician.

Place of Burial, St. Agnes Cemetery

Date of Burial, April the 29.

{ Undertaker, B. Harle } \_\_\_\_\_ M. D.  
{ Place of Business, 82 West Street } \_\_\_\_\_  
Address, \_\_\_\_\_

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 25 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Woods

Sex, Male ~~Female~~, { cross out the word not required in this line. }

Age, 5 Years, 5 Months, 22 Days.

Color, Caucasian

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Physician

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore

Place of Death, { Give street and number } Frederick St. Baltimore

Cause of Death { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 27 1881

Undertaker, Abram Hayman

Place of Business, No 13 Saratoga St

Charles D. Smith  
M. D.  
Medical Attendant.

Address, 516 Calvert St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47667

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, April 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Köllert

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 Years, — Months, — Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } Married

Occupation, Shoemaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 82 Eastern Avenue

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Disease of heart. (Mitral)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, April 29<sup>th</sup> 1881

{ Undertaker, Peter Frey }

{ Place of Business, 91 Eastern Ave }

Jno. S. Smith M.D.,  
Medical Attendant.

Address, 17 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47668

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 27<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ooris Johnson  
Female

Sex, Male or Female,

Cross out the word not required in this line.

Age,

54

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Widow

Occupation,

Fortune Teller

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Copenhagen, Denmark

Duration of Residence in the City of Baltimore,

38 years

Place of Death,

Give street and number.

148 S. Chapel Street

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Gastritis

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

April 29 1881

J. L. Watkins

M.D.,

Undertaker,

W. Sander

Medical Attendant.

Place of Business,

252 Canton Ave

See McShane

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested, so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 27<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Waters

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 70 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore city ✓

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 45 Jackson Court

Cause of Death { First, (Primary,) apoplexy  
Second, (Immediate,) Paralysis Japoplegia

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 29<sup>th</sup> 1881 Wm. V. Hall M. D.  
Medical Attendant.

Undertaker, Wm. J. Gray

Place of Business, 65 Malloy St Address, 196 E. Baltimore St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47670

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 27, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Schelle

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 91 Chapel street

Cause of Death { First, (Primary.) The child was burnt on the lower extremities. Second, (Immediate.) Tetanus

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial St Michaels loc

Date of Burial April 29th 1881

Undertaker, M. France

Place of Business, 280 Canton Ave

John J. Litzer M. D.  
Medical Attendant.

Address, 160 Saratoga street

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47671

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, 25<sup>th</sup> April 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Welsh

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 20 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 43 Hillen W

Cause of Death, { First, (Primary.) Subercular Meningitis }  
{ Second, (Immediate.) }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter

Date of Burial, Apr 27<sup>th</sup> 1881

{ Undertaker, E. F. Krause }  
{ Place of Business, }

H. W. Welsh, M.D.,  
Medical Attendant.

Address, 57 Banner

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47672

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 26. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adelheid N. Spilker

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 44 Years, Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore City -

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } # 334 N. Eustaw St

Cause of Death, { First, (Primary.) Small wart on side - then dissem-  
Second, (Immediate.) inated Cancer. Tumors Everywhere

Duration of last Sickness, About 18 months -

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 28 1881

Undertaker, M. A. D. G. J. W.

Place of Business, 74 N. Broadway Address,

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 26th April 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Johann Nowatzky

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 2 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Posen, Prussia, Germany

Duration of Residence in the City of Baltimore, 8 Days

Place of Death, { Give street and number } Lancaster Street 200

Cause of Death, { First, (Primary.) Second, (Immediate,) } Coronaries

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Cemetery

Date of Burial, April 28

{ Undertaker, Patrick Mullin } William Hessel M. D. Medical Attendant

{ Place of Business, \_\_\_\_\_ } Address, S. Goldsmith 117

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Physicians are respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47674

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, abt. ten months ago

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } unknown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, abt. 40 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany (supposed)

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } Moller's wharf - cont'd

Cause of Death, { First, (Primary.) } Second, (Immediate.) } Drowned

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E.P. Cemetery

Date of Burial, April 28<sup>th</sup>

{ Undertaker, } Patrick Mullin

{ Place of Business, } \_\_\_\_\_

Medical Attendant. Chas. M. North M.D.,  
Corner E. & B  
Address, 67 E. Baltimore St.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William C. Baylie

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, One Year,  Months,  Days.

Color, Mulatto

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 101 Vine St.

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give street and number } No. 101 Vine St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Scarlett fever  
Croup

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Charles Cemetery

Date of Burial, April 28<sup>th</sup> 1881 J. B. Gardner M. D.  
Medical Attendant.

{ Undertaker, Wm. N. Whitt

{ Place of Business, 118 S. Howard St. Address, 120 N. Greene St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]





# Board of Health, City of Baltimore,

Permit No. 47677

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28th 1881

{ Undertaker, Geo H Perkins & Co

{ Place of Business, 130 Henrietta

W. S. Borge M.D.,  
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,  
Office of Registrar of Vital Statistics.

Permit No. 47678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 28th, 1881

Full Name of Deceased, Daniel Mensen

Sex, Male or Female, Male

Age, 28 Years, Months, Days.

Color, White.

Married, Single, Widower or Widowed, Cross out the word not required in this line.

Occupation, Laborer

Birthplace, Switzerland.

Duration of Residence in the City of Baltimore, Eight years.

Place of Death, 138 Eastern Av.

Cause of Death, Typhoid Fever

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, 29 John H. Rehberger M.D., Medical Attendant.

Undertaker, J. Frank

Place of Business, Bank St

Address, 243 Alice Annah

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 47679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 26<sup>th</sup> 1881.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Laura Thompson.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

63

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Housewife

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Talbot Co Md,

250 Yrs,

Duration of Residence in the City of Baltimore,

11 Shuler St

Place of Death,

{ Give street and number. }

Pneumonia catarrhal,

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Exhaustion,

6 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 27<sup>th</sup> 1881

Undertaker,

W. B. Dwyer

Place of Business,

1062 East St

Address,

208 N Broadway

J. W. Chamberlain M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 277800  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

April 26th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mahinda Myers

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 55 Years,

Months, Days.

Color,

Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

12 years

Place of Death, { Give street and number }

167 King St

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Organic Disease of Heart  
about 14 years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp St Cemetery

Date of Burial,

April 27th 1884

H. Jernstedt M. D.  
Medical Attendant.

Undertaker, Wm. M. Dunger

Place of Business, 262 East St

Address, 2 Cedar St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 247001  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4768/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

April 25

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary L. Innis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, — Months, 2 Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth, }

Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

to 5 Boyd St

Cause of Death { First, (Primary,) }

Dropsy

{ Second, (Immediate,) }

Duration of last Sickness,

about 2 months

All the above information should be furnished by the Physician.

Place of Burial,

North of Center

Date of Burial,

April 27th 1881

{ Undertaker,

W. A. P. Dunne

{ Place of Business,

1062 East St

Address,

534 W. Fayette St

Robt K. Kneass M. D.

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



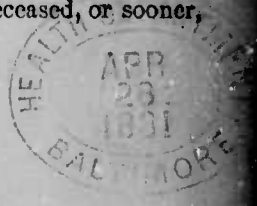
# Board of Health, City of Baltimore,

Permit No. 47682

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, April 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philippine Frank

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 63 Years,        Months,        Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } N 189 Forest St

Cause of Death, { First, (Primary.) Strangulated Femoral Hernia  
Second, (Immediate.)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Delta Cemetery

Date of Burial, April 29<sup>th</sup> 1881

{ Undertaker, Henry Hook

{ Place of Business, 209 N. Central Address, 137 N 4<sup>th</sup> St

Appleyard M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

15  
**Board of Health, City of Baltimore,**

Permit No. **47683**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

**CERTIFICATE OF DEATH**

Date of Death, **April 28th 1881**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Catherine Kelline**

Sex, Male or Female, { Cross out the word not required in this line. } **Female**

Age, **80** Years, **3** Months, **22** Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the word not required in this line. } **Married**

Occupation, **Housewife**

Birthplace, { State or Country and how long in the United States, if of foreign birth. } **Germany**

Duration of Residence in the City of Baltimore, **34 years**

Place of Death, { Give street and number. } **91 North Bay Street**

Cause of Death, { First, (Primary.) Second, (Immediate.) } **Senility (Cerebral Paralysis)**  
**Marasmus**

Duration of Last Sickness, **1 year**

All the above information should be furnished by the Physician.

Place of Burial, **St. Alphonsus Cemetery**

Date of Burial, **April 30, 1881**

Undertaker, **Henry Hoeck**

Place of Business, **209 Central Ave**

Address, **St. Vincent St.**

**J. J. [Signature] M.D.,**  
Medical Attendant.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47684

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 28th. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John M. Sullivan.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 53 Years, — Months, — Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Surgeon

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, { Give street and number. } 116 Thames St.

Cause of Death, { First, (Primary.) Angina Pectoris. }  
{ Second, (Immediate.) }

Duration of Last Sickness, 6 Hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, April 30th 1881

{ Undertaker, Elisha Cox }  
{ Place of Business, 84 & 86 Bank St } Address, 116 Thames St.

J. J. Sullivan, M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47685

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 27, 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ami Doyle

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 75 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } a. a. Co. MdDuration of Residence in the City of Baltimore, 35 YearsPlace of Death, { Give street and number } 214 Broadway AlleyCause of Death, { First, (Primary,) \_\_\_\_\_  
Second, (Immediate,) Old age }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Harmon CemeteryDate of Burial, April 28, 1881 Harmon Cook M. D.  
Medical Attendant.{ Undertaker, James E. Smith }{ Place of Business, 263 Light St Address, 146 Harmon St }**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

{OVER}

No. 47686

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 28<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Elizabeth M. Farland*Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 5 Years, 1 Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Balt<sup>c</sup> city*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } *218 Conway St*Cause of Death, { First, (Primary.) *diphtheria* Second, (Immediate,) \_\_\_\_\_ }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *Not Christ Cemetery*Date of Burial, *April 29<sup>th</sup> 1881* *H. Allen* M. D. Medical Attendant.{ Undertaker, *John Meacher* }{ Place of Business, *No 150 Remond St* Address, *95 S. Sharp St* }

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 4768

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 29 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Morgan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Sixty Three Years, Three Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } Married

Occupation, Boiler Maker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Washington D. C.

Duration of Residence in the City of Baltimore, Forty years

Place of Death, { Give street and number. } 410. E. Madison St.

Cause of Death, { First, (Primary.) Pneumonia Phthisis. }  
 { Second, (Immediate.) } Aspiration

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 30th

{ Undertaker, Geo. Schilling }  
 { Place of Business, Island Square } Address, 222 N. Broadway

G. J. Payler M.D.,  
 Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 27-1000  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Apr 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } E. W. Salmon

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 65 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Attorney

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } City Hospital

Cause of Death { First, (Primary,) Typhoid Fever  
Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 29<sup>th</sup>

Undertaker, Geo Schilling

Place of Business, Ashland Square

Address, 30th Calvert St.

J. H. Branham M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47689

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Apr. 29<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary E. Cunningham

Sex, Male or Female, { cross out the word not required in this line. }

Age, 70 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Whole life

Place of Death, { Give street and number }

126 Greenmount Ave

Cause of Death { First, (Primary.)

Second, (Immediate.)

General Anasarcia

Duration of last Sickness,

6 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 30<sup>th</sup>

J. H. H. H. H. M. D.

Medical Attendant.

{ Undertaker, Geo Schilling

{ Place of Business, Ashland Square

Address, 36 Greenmount Ave

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47690

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 28th 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward C. CraneSex, Male or Female, { cross out the word not required in this line. } MaleAge, 21 Years, 1 Months, 25 Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } SingleOccupation, Swing Machine AdjusterBirthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, all his lifePlace of Death, { Give street and number } Poppleton St 62Cause of Death, { First, (Primary.) Intermittent Fever  
Second, (Immediate,) 18 months }Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Western CemeteryDate of Burial, April 30{ Undertaker, J. B. Cook{ Place of Business, 707 West Batten Address, 252 CommerceM. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore.

Permit No. 47691

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 28<sup>th</sup> 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ida May Bell

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Fifteen

Years,

Two

Months,

Twenty five

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

(State or Country and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

(Give street and number.)

440 W. Lombard St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pulmonary Phthisis

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

April 29<sup>th</sup> 1881

Undertaker,

Jos B Cook

Place of Business,

No 707 N Baltimore Street

Address,

584 W. Fayette St.

*[Signature]* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47692

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary R. Reichman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 2 Years, 7 Months, 9 Days.

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, 2 years 2 mos.

Place of Death, { Give street and number } N. W. Cor Lombard & Poppleton Sts.

Cause of Death { First, (Primary.) Second, (Immediate.) } Erysipelas

Duration of last Sickness, Five (5) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's

Date of Burial, April 29<sup>th</sup> 1881

Undertaker, Frank Jones

Place of Business, 564 W. Baltimore St. Address, 387 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

**Board of Health, City of Baltimore,**

Permit No. 47693

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

*Date of Death,*

*Full Name of Deceased,*

Write legibly and spell correctly. If an Infant not named, give names of parents.

~~Sex, Male or Female.~~

( Cross out the word not )  
( required in this line. )

*Age,*

Years,

14...

Months,

Days.

*Color,*

*Married, Single, Widow or Widower.*

{ Cross out the word not }  
{ required in this line. }

**{ Cross out the word not }**  
**{ required in this line. }**

Occupation,

*Birthplace,*

{ State or Country and how }  
{ long in the United States, }  
{ if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

Place of Death,

{ Give street and }  
{ number. }

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

**All the above information should be furnished by the Physician.**

Place of Burial,

Date of Burial,

( Undertaker,

( *Place of Business,*

*Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

[OVER.]



# Board of Health, City of Baltimore.

Permit No.

47694

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 29, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Robert E. Green

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

12

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

26 Winter St.  
Grafton

Cause of Death,

First, (Primary.)

Second, (Immediate.)

✓

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Barney Gray Cemetery

Date of Burial,

April 30, 1881

W. S. Boze

M.D.,

Medical Attendant.

Undertaker,

S. Whase

Place of Business,

198 Howard

Address,

206 Sharp St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No 47696  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Apr 29<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr Henry Brown

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 29 Years, — Months, — Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cigar Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ind Co Ind

Duration of Residence in the City of Baltimore, One Year

Place of Death, { Give street and number } 177 Columbia St

Cause of Death { First, (Primary,) Bright Disease  
Second, (Immediate,) Bright Disease  
8 Months

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Littlestown Pa.

Date of Burial, 30 April

Undertaker, Mr Mackner M. D. J. H. Murray Medical Attendant.

Place of Business, Candlen & Co Address, 26 Locust St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2166 Transit

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47696

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 28th 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annin Maria P. Karch

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Female

Age,

1

Years,

11

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

N. 42. West St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia double

Duration of Last Sickness,

12 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Chrysostomus Cemetery

Date of Burial,

May 1.

Undertaker,

C. B. Harle

Place of Business,

N. 42 West St.

V. L. Buddenbom

M.D.,

Medical Attendant.

Address,

166 S. Paca St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Mary Lizzie Vogt

Sex, Male or Female, { cross out the word not required in this line. }

Female

Age, forty three Years, One Months, eight Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Married

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Germany, 8 years in U. St.  
8 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

686 Light St

Cause of Death { First, (Primary.)

Phthisis pulmon.

, Second, (Immediate.)

Asthenia

Duration of last Sickness, four years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 30<sup>th</sup>

Wm Combel M. D.  
Medical Attendant.

Undertaker, B. Harle

Place of Business, No 82 West

Address, 170 S. Sharp St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47698

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *April 26<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ferdinand Noel.*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Forty* Years, Months, Days.

Color, *col*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Scholar*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore County*

Duration of Residence in the City of Baltimore, *University Hospital.*

Place of Death, { Give street and number. } *Osteo-sarcoma*

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, *One year.*

All the above information should be furnished by the Physician.

Place of Burial, *Balto C<sup>y</sup> Md*

Date of Burial, *April 29 1881*

Undertaker, *Leandro M. Daniel*

Place of Business, *Baltimore City*

Medical Attendant, *C. H. Mitchell* M.D., *University Hospital*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No.

47699

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 29, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Lilly G. Faunt

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

21

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balch.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

135 York Ave

Cause of Death,

First, (Primary.)

Whooping Cough

Second, (Immediate.)

and Congestion of the Lungs

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

Balch Cemetery

Date of Burial,

April 30 1881

Theodore Cooke M.D.,  
Medical Attendant.

Undertaker,

Armstrong & Co

Place of Business,

Montgomery & Sigel Sts

Address,

146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47700

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

Apr. 27, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ida Hearn

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 1 Years,

Months,

18 Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

759 W. Lombard St.

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number }

759 W. Lombard St.

Cause of Death { First, (Primary.)

Second, (Immediate.)

Tuberculosis  
Phthisis Abdom. et Pulm.  
about 3 mos

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, April 30 1881

Undertaker, Wm. B. Cook

Place of Business, No 707 W. Baltimore street

John H. Hood, M. D.  
Medical Attendant

Address, 322 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47701  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Broze

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 17 Years, — Months, — Days.

Color, *ad*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Anna Hundel Co. Maryland

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and number } 61 S. Stockton Alley

Cause of Death { First, (Primary,) Scrofula  
Second, (Immediate,) —

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St.*

Date of Burial, April 30<sup>th</sup> 1881

{ Undertaker, W. N. Hungerford

{ Place of Business, — Address, *Commissioner of Health*  
*Registrar*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Examined by Geo. E. Broome  
Sanitary Inspector

# Board of Health, City of Baltimore,

Permit No. 47702

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

April 29<sup>th</sup> 1881  
George Boyce

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } not known

Occupation, Seaman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 1 Day

Place of Death, { Give street and number. } University Hospital

Cause of Death, { First, (Primary.) Fracture of Skull from fall  
Second, (Immediate.) Shock }

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Apr 30 1881 \_\_\_\_\_ M.D.,

{ Undertaker, J. A. Nechner

{ Place of Business, 50 Harriotts Ave. Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47703

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47703The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 29th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ida BrownSex, ~~Male~~ or Female, { cross out the word not required in this line. }Age, One Year, Eight Months, Five Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, infant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

BaltimoreDuration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number }

5400 York & Collington A.

Cause of Death, { First, (Primary.) }

Acute irritation + prob. injured by fall

{ Second, (Immediate.) }

Cerebral MeningitisDuration of last Sickness, 7 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CemeteryDate of Burial, May 2nd 1881Walter C. May M. D.  
Medical Attendant.{ Undertaker, W. A. Dwyer }{ Place of Business, 44 S. Broadway }Address, 3 South Broadway**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 47704

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 28<sup>th</sup> 2<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Worthington

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 74 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Printer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Portsmouth Va

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and number. } 14 N Washington St

Cause of Death, { First, (Primary.) } Pleurisy Pulmonalis  
{ Second, (Immediate.) }

Duration of Last Sickness, Some 10 months & 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 30<sup>th</sup> 1881

{ Undertaker, M. A. Dwyer

{ Place of Business, 74 N. Broadway

Address, 299 E Baltimore St

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47708

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 28, 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ms. Mary E. WoodSex, ~~Male~~ or Female, { cross out the word not required in this line. } FemaleAge, Thirty One Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.Duration of Residence in the City of Baltimore, Life TimePlace of Death, { Give street and number } No 282 E. Biddle St.Cause of Death, { First, (Primary,) \_\_\_\_\_  
Second, (Immediate,) \_\_\_\_\_ } Heart Disease

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Greenmount CemeteryDate of Burial, May 1<sup>st</sup> 1881{ Undertaker, M. A. Daigner } Wm. H. Hendriksen, M. D.  
Medical Attendant.{ Place of Business, 74 E. Broadway } Address, No 102 N Broadway**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

Permit No. 47706

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 28, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Lervina Stanley

Sex, Male or Female,

Cross out the word not required in this line.

Age,

35

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Maryland

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

Give street and number.

3058 Eutaw

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Typhoid fever  
asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp Street Burial

Date of Burial,

April the 30.

Undertaker,

Mr. Davis.

Place of Business,

103 Lee Street

W. S. Boege

M.D.,

Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47707

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 29th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Cassard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ☒ Married

Occupation, Merchant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Camden Place

Cause of Death, { First, (Primary.) } Chronic Renal Albuminuria  
{ Second, (Immediate.) } Six Months

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, May 1st 1881

{ Undertaker, Stewart & Son

{ Place of Business, 38 N. E. St. Address, No 57 N. Paca St

Thos. J. Drury M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47708

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH**Date of Death, April 28-81Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joshua Payton

Sex, Male or Female, { cross out the word not } required in this line. \_\_\_\_\_

Age, 52 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, red

Married, Single, Widow or Widower, { Cross out the word not } required in this line. \_\_\_\_\_

Occupation, Iron CarrierBirthplace, { State or country, and how long in the United States. if of foreign birth. } VirginiaDuration of Residence in the City of Baltimore, Twenty yearsPlace of Death, { Give street and number } 25 Vincent AlleyCause of Death, { First, (Primary.) } Peritonitis  
{ Second, (Immediate.) } Free drop

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Laurel CemeteryDate of Burial, April 30<sup>th</sup> 1881{ Undertaker, Wm. N. Dungey }{ Place of Business, No 62 East St } Address, 214 Lexington Ave

John N. V. D.  
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OT 41.]



# Board of Health, City of Baltimore,

Permit No. 47709

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *April 28<sup>th</sup> 1881*

Full Name of Deceased, *Emory Smallwood* Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, *Male* Cross out the word not required in this line.

Age, *11* Years, *✓* Months, *—* Days.

Color, *C*

Married, Single, Widow or Widower, *Single* Cross out the word not required in this line.

Occupation, *—*

Birthplace, *—* State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *—*

Place of Death, *11 Jones Court* Give street and number.

Cause of Death, *Tuberculosis Supposed* First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, *all his life Sick*

All the above information should be furnished by the Physician.

Place of Burial, *E. Public Cemetery*

Date of Burial, *April 30<sup>th</sup> 1881*

Undertaker, *Pat Mullin*

Place of Business, *S. D. Park Ave* Address, *67 E. Park St*

*Chas. H. H. M.D.* Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47710

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

April 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Son of Mary & Henry Bishop

Sex, Male or Female, { Cross out the word not required in this line. }

male

Age, Years,

Months,

5

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balto MD

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

48 E Balto St -  
Premature birth

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 1st 1881

{ Undertaker, Thos J Hughes }

{ Place of Business, 10 E Balto }

M. B. Billingsley M.D.,  
Medical Attendant.

Address, 256 E John St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47711

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 Years, 1 Months, 15 Days.

Color,

Married, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business, Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47712

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Not named Parents - Charles & Katie Rock.

Sex, Male or Female. { Cross out the word not required in this line. }

Age, 2 1/2 hours Years Months Days

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } # 8 Fort Avenue -

Cause of Death, { First, (Primary.) Internal Hemorrhage -  
Second, (Immediate.) " " }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius cont

Date of Burial, 30th April J. A. Bell M.D.,

{ Undertaker, B. Harle

{ Place of Business, No 82 West

Coroner So. District

Address, 161 So. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47713

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 30th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilhelmina Broening

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 Years, 10 Months, 27 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and number. } # 44 Hill St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Rheumatism  
Rheumatism of the Heart

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Wheaton Cemetery

Date of Burial, May 1

E. A. Bell M.D.,  
Medical Attendant

{ Undertaker, Ernst Schloman Coroner So Dist }

{ Place of Business, 200 Sharp St Address, 161 So - Sharp St }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 417714

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 417714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 29, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Lizzie Curtis

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Female

Age, Six

Years,

Months,

Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number }

26 Beach Alley

Cause of Death { First, (Primary.) }

Diphtheria.

{ Second, (Immediate.) }

Nephritis (Oedema of Lungs)

Duration of last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 30th

Jm Gombel

M. D.

Medical Attendant.

{ Undertaker, J. B. Harris

{ Place of Business, 130 S. Sharp St.

Address,

170 S. Sharp St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47718*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *April 30<sup>th</sup> 1887.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*none* *Henry P. Vey*  
*- Father*

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *one* Days

Color, *white*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

*131 Penns ave Baltimore*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

*131 Penns ave.*

Cause of Death { First, (Primary.)  
Second, (Immediate,)

*Premature Birth / fetal age*  
*6 1/2 months*

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore City*

Date of Burial, *May 1* *J. Bacon*

M. D.

Medical Attendant.

Undertaker, *E. H. Pliggard*

Place of Business, *201 Penn ave*

Address, *Cor Archy Lane & Mosher St*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *47716*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *April 28<sup>th</sup> 1881*  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Wm Henry Harrison*  
 Sex, Male or Female, { Cross out the word not required in this line. } *Male*  
 Age, *3* Years, *1* Months, *27* Days.  
 Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *✓*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *162 Spring St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Probably Nephritis*

Duration of Last Sickness, *About four months*

All the above information should be furnished by the Physician.

Place of Burial, *Laural Cemetery*

Date of Burial, *April 30<sup>th</sup> 1881*

{ Undertaker, *Theodor J. Locks*

{ Place of Business, *73 Jefferson*

*D. W. B. Athere* M.D.,  
 Medical Attendant.

Address, *211 Broadway*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 47717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28<sup>th</sup> 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter D. Young  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, Sixty Years, Four Months, Days.  
Color, Black Sex, male  
Married, Single, Widowed or Widower, { Cross out the words not required in this line. }  
Occupation, Laborer  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Talbot co Maryland  
Duration of Residence in the City of Baltimore, Seventeen years  
Place of Death, { Give street and number. } No 9 Chestnut St  
Cause of Death, { First (Primary,) Gastritis  
{ Second (Immediate,) One week  
Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Daniel Comely  
Date of Burial, April 30 1881 J. B. Cornsuech M. D. Medical Attendant.  
{ Undertaker, Geo J. Rocks  
{ Place of Business, 13 Jefferson St Address August H. Fayette St  
C. J.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. **47718**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

**Apr. 30<sup>th</sup>**

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

**Blanche E. Kellogg**

Sex, **Male** or Female,

{ Cross out the word not required in this line. }

Age,

Years,

**9**

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

**32 Arlington Ave. Ch.**

Duration of Residence in the City of Baltimore,

**Life**

Place of Death,

{ Give street and number. }

**32 Arlington Ave.**

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

**Dysentery**

Duration of Last Sickness,

**2 wks.**

All the above information should be furnished by the Physician.

Place of Burial,

**Western Cemetery**

Date of Burial,

**May 1, 1881**

**Ja. S. McKim**

M.D.,

Medical Attendant.

{ Undertaker,

**J. Frank Jones**

{ Place of Business,

**654 N. Balto St**

Address, **Forster & Pears**

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *April 28<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary A. Bowyer*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *45* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *Col or* Sex, *Female*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *House or rooms keeper*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Supposed to be Baltimore*

Duration of Residence in the City of Baltimore, *All her life*

Place of Death, { Give street and number. } *11 Gasper St*

Cause of Death, { First (Primary,) *Died of Neuro*  
Second (Immediate,) *Dropsy*

Duration of Last Sickness, *Six weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *April 30 May 1<sup>st</sup> 1881*

{ Undertaker, *Wm. A. Bishop Jr.*  
Place of Business, *97 Druid Hill Ave.*

*J. Gibman* M. D.  
Medical Attendant.

Address :

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 30, 1888, 6.15 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. H. Rawlings

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 64 years Years, Months, 10 Days.

Color, Black Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Laborer.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Talbott Co. Maryland

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give street and number. } City Jail

Cause of Death, { First (Primary,) Second (Immediate,) } Congestion of Bowels

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Calvert Cemetery D. P. Hoffman M. D.

Date of Burial, May 2, 1888 Medical Attendant.

{ Undertaker, Hercules Ross

{ Place of Business, Conway St Address 279 West Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2167 Transit [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 1<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia Spamer

Sex, Male or Female, { cross out the word not required in this line. }

Age,                      Years,                      Months, 28 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,                     

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 22 N. Caroline St

Cause of Death { First, (Primary,) Spasms  
Second, (Immediate,) a few hours

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 2<sup>nd</sup> 1881 John A. Smith M. D.

{ Undertaker, Thos. S. Hughes Comm of Health  
Place of Business, E. Balto St Address, Registrar

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. P. Smith [OVER.]

# Board of Health, City of Baltimore,

Permit No. 4774

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *about 4 weeks ago (supposed)*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *unknown man*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *abt 45* - Years, Months, Days.

Color, *b*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *—*

Occupation, *Mariner supposed*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany (Supposed)*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *Cheser Whf foot of Caroline St*

Cause of Death, { First, (Primary.) } { Second, (Immediate.) } *Drowned*

Duration of Last Sickness, *Sudden Death*

All the above information should be furnished by the Physician.

Place of Burial, *C. P. Cemetery*

Date of Burial, *April 30*

{ Undertaker, } *Patrick Mullin*

{ Place of Business, } *—*

*Chas. M. Moffat* M.D.,  
Medical Attendant.

Address, *67 E. Baltimore St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47723

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 1st 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Robert Edward Hues*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *4* Years, *10* Months, *26* Days.

Color, *white*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *New York City. -*

Duration of Residence in the City of Baltimore, *3 years*

Place of Death, { Give street and number. } *74 Boundary Ave. Balt.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Epidemic fever, - Nervous Shock*

Duration of Last Sickness, *12 hours. -*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *May 2/81* *Harvey Smith* M.D.,

Medical Attendant.

{ Undertaker, *Stewart & Munroe*

{ Place of Business, *35 West* Address, \_\_\_\_\_

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 1<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis Wm Schumek

Sex, Male or Female, { cross out the word not required in this line. } (Male)

Age, 71 Years, 1 Months, 26 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, Shoemaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, { Give street and number } 128 S. High St.

Cause of Death { First, (Primary,) } Pneumonia

{ Second, (Immediate,) } 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 3<sup>rd</sup> 1881

{ Undertaker, H. Schmidt

{ Place of Business, 263 E. Eager St. Address, 10 S. Sharp St.

Medical Attendant, M. D. J. H. Smith

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 30

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas M. Barnes

Sex, Male or Female, { cross out the word not required in this line. }

Age, 26 Years, 2 Months,    Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Frederick County, Md.

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, { Give street and number } 738 W Pratt

Cause of Death { First, (Primary.) Inflammation of the Lungs  
Second, (Immediate,) Emphysema

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 2nd 1881

John J. Lister

M. D.

Medical Attendant.

{ Undertaker, L. B. Cook

{ Place of Business, 707 West Baltimore Street Address, No 160 Saratoga

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47726

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death, Sunday April May 1 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lotta Matilda Lewis

Sex, Male or Female, { cross out the word not required in this line. }

Age, 13 Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, all it life

Place of Death, { Give street and number } 177 Ramsey St.

Cause of Death, { First, (Primary,) Second, (Immediate,) } Pseudo Membranous Croup

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western C

Date of Burial, May 2 1881

{ Undertaker, J. B. Blackiston } M. D. Medical Attendant.

{ Place of Business, 22 S. Gay St } Address, 561 N. Franklin St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# Board of Health, City of Baltimore,

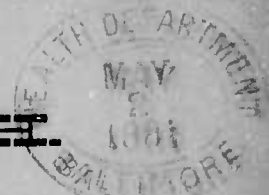
Permit No. 47727

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, May 1<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marguerite Thies

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Co.

Duration of Residence in the City of Baltimore, 8 months

Place of Death, { Give street and number. } 196 W. Lombard Street

Cause of Death, { First, (Primary.) Capillary Emulatus following Erysipelas  
Second, (Immediate.) Apnoea

Duration of Last Sickness, 17 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, May 3.

{ Undertaker, Widemeyer

{ Place of Business, West Balto. street Address, 67 E. Balto St.

Chas. M. Moulton M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 47728

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, unknown

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, abt 50 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. }

Muller's Whf fork of Caroline St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Drowned

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, G. P. Cemetery

Date of Burial, May 1

Undertaker, Patrick Mullin

Place of Business, —

Chas. W. Moffat M.D.,  
Coroner & Co. Medical Examinant.  
Address, 67 E. Baltimore

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47729

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Sunday May 1 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Hudson Newton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number. } 30 Shuter St.

Cause of Death, { First, (Primary.) Phthisis Pulmonalis }  
{ Second, (Immediate.) Exhaustion. }

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 4th

Medical Attendant, G. H. Taylor M.D.,

{ Undertaker, A. O. R. Bandle }

{ Place of Business, York Road Near Huntington ave }

Address, 222 7 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 18

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emily P. Simms

Sex, Male or Female, { Cross out the words not required in this line. }

Female

Age, about 38-39 Years,

Months,     

Days     

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,     

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Annapolis

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, { Give street and number. }

91 Grand alley

Cause of Death, { First (Primary.) }

uterine carcinoma

{ Second (Immediate.) }

exhaustion

Duration of Last Sickness, for some months

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cem

Date of Burial, May 30/1881

{ Undertaker, Wm B Gray }

{ Place of Business, 45 Mulberry St }

W. H. Kumpf M. D.  
Medical Attendant.

Address, 55 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47731

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Apr. 30<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth C. Tripp

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

22

Years,

Months,

Days.

Color,

Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Nurse and chambermaid.

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Talbot Co. Ind.

Duration of Residence in the City of Baltimore,

About 17 years.

Place of Death,

{ Give street and number. }

66 Sarah Ann St.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Phthisis Pulmonalis

Duration of Last Sickness,

About 6 or 7 mos.

All the above information should be furnished by the Physician.

Place of Burial,

Sharp at Cemetery

Date of Burial,

May 2 1887

Eldridge C. Rice M.D.,  
Medical Attendant.

{ Undertaker,

Thermon and Machden

{ Place of Business,

16 Orchard St

Address,

2625 Madison Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47732

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 1 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes Ford

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ————— Years, 7 Months, ————— Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —————

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —————

Place of Death, { Give street and number } 52 Amity St.

Cause of Death, { First, (Primary.) } Diphtheria  
{ Second, (Immediate,) } Infantum

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, May 2 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St. Address, 543 Lexington St.

M. D. Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DUNN &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 29 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet E. Bowley

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 Years, 6 Months,  Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Ball

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Life

Duration of Residence in the City of Baltimore, # 12 Clarkson Alley

Place of Death, { Give street and number } # 12 Clarkson Alley

Cause of Death { First, (Primary) Second, (Immediate), } Cataract on the breast  
8 WEEKS

Duration of last Sickness, 8 WEEKS

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, May 2 1881

Undertaker, Geo W Perkins & Co

Place of Business, Comm of Health & Registrar

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DUFFANY & CO, CITY PRINTERS AND STATIONERS,

Op by Jos V. Dick Patrick

[OVER.]

No. 47734  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

May 1<sup>st</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents.

Barab E. Stortely (Mother)

Sex, Male or Female,

{ cross out the word not required in this line. }

Male

Age,

Years,

Months,

1 1/2

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balti-biti

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number }

4 Grindels Cr.

Unknown

Cause of Death

{ First, (Primary.)

, Second, (Immediate.)

1 1/2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

W. Hill Cemetery

Date of Burial,

May 2<sup>nd</sup> 1881

{ Undertaker,

J. A. Kerchner

{ Place of Business,

Address,

Comm of Health  
Registrar

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

Cp by Jos T. Fabrick

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 1<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carline Smith

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 23 Years,        Months,        Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Teacher

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }       

Duration of Residence in the City of Baltimore, Nine months

Place of Death, { Give street and number } 7-6 Beach Alley

Cause of Death { First, (Primary.) Second, (Immediate.) } Dropsy

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, W. B. Cemetery

Date of Burial, May 2<sup>nd</sup> 1887

Undertaker, L. A. Kerchner

Place of Business,        Address, Commissioner of Health & Registrar

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

*By Jos. V. Patrick*

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47736

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female.

Cross out the word not required in this line.

Age,

23

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Single

Occupation,

None

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give street and number.

10 150 Carson St

Cause of Death,

First, (Primary.)  
Second, (Immediate.)

Phthisis

Duration of Last Sickness,

One month

All the above information should be furnished by the Physician.

Place of Burial,

St. Catharine's Cemetery

Date of Burial,

May 2d 1881

M.D.,

Undertaker,

J. P. Brown

Medical Attendant.

Place of Business,

Front St

Address,

244 Market St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47737

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April May 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Videtski

Sex, Male or Female. { Cross out the word not required in this line. } Male

Age, 7 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany,

Duration of Residence in the City of Baltimore, Two weeks.

Place of Death, { Give street and number. } 10 + 12 Shakespeare.

Cause of Death, { First, (Primary.) Typhoid Fever, Second, (Immediate.) }

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 2nd

{ Undertaker, Wm. J. Gifford

Place of Business, S. Bond St. 151

John H. Rehberg M.D.,  
Medical Attendant.

Address, 4243 Alice Anna St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 47738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *May 2nd 1881*  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Anton Rijtski*  
Sex, Male or Female, { Cross out the word not required in this line. } *Male*  
Age, *2* Years, *9* Months,  Days.  
Color, *White.*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany.*

Duration of Residence in the City of Baltimore, *Two weeks.*

Place of Death, { Give street and number. } *# 52 Lancaster St.*

Cause of Death, { First, (Primary.) *Pneumonia, (acute)*  
Second, (Immediate.) }

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *H. H. House*

Date of Burial, *May 3rd*

{ Undertaker, *Wendel Rijtski*

{ Place of Business, *1 Bond St. 151* Address, *# 243 Alice Anna St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 47739

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 12

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

William Thomas Callis

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

22 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balto

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

143 W. Bond St  
Croup

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

1 Day

All the above information should be furnished by the Physician.

Place of Burial,

Lutheran Ch. Inwood Hill Park

Date of Burial,

May 3<sup>d</sup> 1881

M.D.,

Medical Attendant.

Undertaker,

Henry Hoock

Place of Business,

309 N. Central St

Address,

137. W. Bond St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 1<sup>st</sup> 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Jones  
Sex, Male or Female, { Cross out the word not required in this line. } Female.  
Age, 74 Years, 0 Months, 0 Days.  
Color, White. Sex, Female.  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow  
Occupation, in  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.  
Duration of Residence in the City of Baltimore, Life.  
Place of Death, { Give street and number. } 149 Fremont St.  
Cause of Death, { First (Primary,) } { Second (Immediate,) } Gastro. enteritis?  
Old age  
Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C. F. Brown M. D.  
Date of Burial, May 2 1887 Medical Attendant.  
{ Undertaker, Peter Hammer Address 241 Leiden Ave.  
{ Place of Business, 317 Military St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH

Date of Death, May 1<sup>st</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } L. E. Rider

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 76 Years, W. Months, W. Days.

Color, W.

~~Married, Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. } W.

Occupation, W.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give street and number } 4 Jackson St.

Cause of Death { First, (Primary.) Fracture of Femur.  
Second, (Immediate,) Chorea

Duration of last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Chestertown

Date of Burial, May 3<sup>rd</sup> 1881

Undertaker, Thos. P. Hughes

Place of Business, 100 E. Baltimore

H. G. Remond M. D.  
Medical Attendant.

Address, 186 Arisquith St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DEZANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

2168 Transit



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47742*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 1<sup>st</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Annie Schwella*

Sex, *Male* or Female, { cross out the word not required in this line. }

Age, *One* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of *Baltimore*

Place of Death, { Give street and number }

Cause of Death { First, (Primary.) Second, (Immediate.) } *Pneumonia*  
*In action*

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *H. Michel*

Date of Burial, *May 3<sup>rd</sup> 1881*

Undertaker, *F. Shinnick*

Place of Business,

*M. D.*  
*Helollenberg*

Medical Attendant,

Address, *369 E Baltimore St.*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

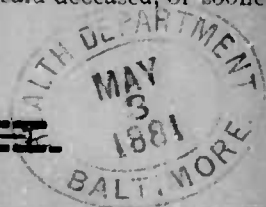
# Board of Health, City of Baltimore,

Permit No. 47743

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, May 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna C. Reed

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 5 Months, Days.

Color, Cal.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Cal.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 113 S. Dallas

Cause of Death, { First, (Primary.) Bronchitis }  
{ Second, (Immediate.) Asthma }

Duration of Last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3rd 1881

{ Undertaker, Geo. J. Locks }

{ Place of Business, 13 Jefferson St. } Address, 77 So. Broadway

G. L. Weston M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47744

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 10<sup>th</sup>

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Livia Right

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

8

Months,

Days.

Color,

Cal

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

San Baltimore Md

Duration of Residence in the City of Baltimore,

Native

Place of Death,

Give street and number.

68 Little Monument St

Cause of Death,

First, (Primary.)

Chronic Bronchitis

Second, (Immediate.)

Duration of Last Sickness,

About a month

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

May 3rd 1881

A. Y. Sutton

M.D.,

Medical Attendant.

Undertaker,

Hemlock & Madding

Place of Business,

116 Archad St

Address,

172 Franklin St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 47745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT  
MAY  
3  
1881  
BALTIMORE

## Date of Death.

April 30, 1881

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lucie Knight

*Sex, Male or Female,* { Cross out the word not }  
 { required in this line. }

Female

Age, ..... Years, ..... / ..... Months, ..... Days.

Color. white

Married, Single, Widow or Widower, } Cross out the word not  
required in this line.

Occupation,

*Birthplace,* { State or Country and how  
long in the United States,  
if of foreign birth. }

And Maternity

Duration of Residence in the City of Baltimore, his testimony 1 day

Place of Death, (Give street and number.

St Vincent's Infant Asylum

*Cause of Death,* } First, (Primary.)  
                              } Second, (Immediate.)

convulsions

Duration of Last Sickness,..... 20 hours

All the above information should be furnished by the Physician.

Place of Burial, W. H. Hare Ranch

Date of Burial, Mar 2-4 1881 Marbury Brewer M.D.

Medical Attendant.

( Undertaker, Geo. Vail, Jr. )

Place of Business, 21 Prince St

Address, *68 W. Culloch St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# City of Baltimore,

Permit No. 47746

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, Sunday May 1 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucia Brienhouse

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 3 Months,  Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Never

Occupation, Ball room

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 260 McDenough St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis Pulmonalis  
Exhaustion  
Old Nurse

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lansal Cemetery

Date of Burial, May 3<sup>rd</sup> 1881

Undertaker, Charles A. White

Place of Business, 35 Granby St

G. F. Taylor M.D.,  
Medical Attendant.

Address, 222 N Broadway

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully

Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 2<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Magdalena Young

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 72 (72) Years, 10 Months,        Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give street and number } 273 East Pratt St

Cause of Death, { First, (Primary,) Second, (Immediate,) } Pleur-pneumonia

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Chh.

Date of Burial, May 4<sup>th</sup> 1881

Undertaker, Henry Sander

Place of Business, 252 Controver Avenue Address, 120 Broadway Balt

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



# City of Baltimore,

Permit No. **47748**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, May 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carrie D Russell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 7 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } New Brunswick, New Jersey

Duration of Residence in the City of Baltimore, 4 months

Place of Death, { Give street and number. } 25 Northpark St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Tuberculous meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cem.

Date of Burial, May 3rd 1881 D. M. Catlett M.D.,  
Medical Attendant.

{ Undertaker, Henry Sander

{ Place of Business, 252 Cantonway Address, 2 Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

as below, and to List of Diseases on Back of this Certificate.

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

PROPER CERTIFICATE

THE 3 1881

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ate, accurately filled  
said, December, or  
3  
1881  
HE  
SALT, MORE

May 20/87, 10, clock P.M.

Malilda Kasten

Female

Months \_\_\_\_\_ Days.

White.

Single

*Birthplace,* { State or country, (and how  
long in the United States,  
if of foreign birth. }

Bremen, Germany

Six years.

76 N. Belmont St.

Consumption

Two years.

All the above information should be furnished by the Physician.

Locust Park cemetery

*Wm. A. Olds*  
Medical A

..... M. D.  
Medical Attendant.

Undertaker, *J. H. Cook*

Address *N. C. Co. Chamberlain, Dr. Penney.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[OVER.]

Permit No.

47750

# City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 2<sup>nd</sup>

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Georgianna Marnick

Sex, Male or Female,

Cross out the word not required in this line.

Age,

53 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

None

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balto

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

35 N. Caroline St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia

Duration of Last Sickness,

10 Days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 4<sup>th</sup>

Undertaker,

Michael Furd

Place of Business,

35 Bond St.

Address,

137 Orleans St

M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permit No. 47757

City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business,

R. P. Ellis M.D.,  
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians

Back of this Certificate.

## Board of Health Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 2 - 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. W. Sanders

Sex, Male or Female, { cross out the word not required in this line. } Male -

Age, 58 Years, Months, Days,

Color, white

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } Single

Occupation, Merchant Tailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Va -

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, { Give street and number } 206 N. Carey St -

Cause of Death { First, (Primary,) Tuberculosis  
Second, (Immediate,) Pleurisy

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec. 4th 1881

Undertaker, John H. Bachor

Place of Business, Park & Fayette St Address, 215 N. Carrollton

John D. Keira M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

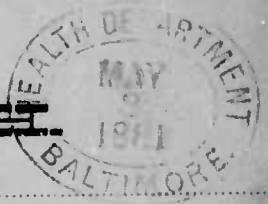
Permit No. 47753

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.



Date of Death,

May 2, 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John L. Watkins

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

49

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Rooper

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Richmond Va

Duration of Residence in the City of Baltimore,

12 years

Place of Death,

{ Give street and number. }

463 Light

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Pneumonia

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 4th

Theodore Cook

M.D.,

Medical Attendant.

{ Undertaker,

J. V. Ball

{ Place of Business,

146 Hanover St

Address,

146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47754

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 3<sup>d</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Wagner

Sex, Male or Female, { cross out the word not required in this line. }

female

Age, 6 Years, 1 Months, 16 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Lk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Philadelphia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number }

N. Frederick Str 3

Cause of Death, { First, (Primary,) }

Haemophilic

{ Second, (Immediate,) }

Haemorrhage

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, May 4<sup>th</sup> 1881A. F. Reinhard M. D.  
Medical Attendant.

{ Undertaker, Balt &amp; Bartlett }

{ Place of Business, 62 1/2 W. Baltimore St }

Address, 224 West Fayette St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 47755

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, 2 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

{ Undertaker,

{ Place of Business, 35 S. Eutaw St Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47756

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, May 2nd, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stephan Videtski

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 8 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, { Give street and number. } 10 & 12 Shakespeare St

Cause of Death, { First, (Primary.) Rubecula complicated with Pneumonia. }  
{ Second, (Immediate.) }

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mythenstrasse 26

Date of Burial, May 3

{ Undertaker, W. S. Bond } John A. Rehberg M.D.,  
Medical Attendant.

{ Place of Business, 101 S Bond } Address, #243 Alice St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



No. 47757

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, May 3<sup>rd</sup> 1881Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. J. Rushen KeelySex, Male or Female, cross out the word not required in this line.Age, 12 Years, 7 Months, 18 Days.Color, WhiteMarried, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, State or country, (and how long in the United States, if of foreign birth.) Balta Ind.Duration of Residence in the City of Baltimore, LifetimePlace of Death, Give street and number No 124 N. Central Ave.Cause of Death First, (Primary.) Mashed Finger  
Second, (Immediate.) TetanusDuration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's CemeteryDate of Burial, May 4<sup>th</sup> 1881Francis J. Sauer M. D.  
Medical Attendant.{ Undertaker, W. Goppel{ Place of Business, 151 S. Bond StAddress, 105 N. Central Ave.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47758  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *Apr 2, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Lewis Edward Robinson*

Sex, *Male* ~~Female~~ { cross out the word not required in this line. }

Age, *22* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *Colored*

Married, *Single* ~~Widow or Widower~~ { Cross out the word not required in this line. }

Occupation, *Laborer*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Balto Md*

Duration of Residence in the City of Baltimore, *During Life*

Place of Death, { Give street and number } *16 Brewers Alley*

Cause of Death { First, (Primary.) *Consumption*  
Second, (Immediate.) *Primary Em. Pneumonia*

Duration of last Sickness, *3 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Ples cemetery*

Date of Burial, *May 3 1881*

*J. P. Keller*

M. D.

Medical Attendant.

{ Undertaker, *E. Jordan*

{ Place of Business, *83 Park ave*

Address, *126 N. Calver St.*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47759

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, 3 May 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine KrieglsteinSex, Male or Female, { cross out the word not required in this line. } femaleAge, 36 Years, — Months, — Days.Color, whiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } marriedOccupation, —Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Neukirchen Austria, 6 months in U.S.Duration of Residence in the City of Baltimore, 6 monthsPlace of Death, { Give street and number } Choptank St 169Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption  
NeathropDuration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, B. M. AdamsDate of Burial, 5 May 1881 S. E. Reinhard M. D.  
Medical Attendant.{ Undertaker, Mr. Francis{ Place of Business, 280 Canton Address, 214 W. Fayette St.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 47760

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 2, 3 a.m.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Ulsch

Sex, Male or Female, { cross out the word not required in this line. }

Age, 18 Years, 5 Months, 3 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

German

Duration of Residence in the City of Baltimore,

Thirteen 13 years

Place of Death, { Give street and number }

142 Lancaster

Cause of Death

First, (Primary.)

Pneumonia

Second, (Immediate.)

Consumption

Duration of last Sickness,

Six months

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

May 4<sup>th</sup> 81

John J. Litzor

M. D.

Medical Attendant.

Undertaker,

M. France

Place of Business,

240 Canton Ave

Address,

160 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47761

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 2<sup>nd</sup> 1881.*

Full Name of Deceased, *Catherine Scheuerman* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Female* { Cross out the word not required in this line. }

Age, *58* Years, *9* Months,  Days.

Color, *White*

Married, *Single* { Cross out the word not required in this line. }

Occupation,

Birthplace, *Germany.* { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *34 years*

Place of Death, *58 S. Washington St.* { Give street and number. }

Cause of Death, *Embolism & Gangrene of leg.* { First, (Primary.) }  
*Exhaustion* { Second, (Immediate.) }

Duration of Last Sickness, *Two months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Cem.*

Date of Burial, *May 4<sup>th</sup> 1881*

Undertaker, *M. Franer*

Place of Business, *280 Canton St.* Address, *94 S. Broadway.*

*George H. Roke* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47762  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 29th. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Guichter  
Minnie Guichter

Sex, Male or Female, { cross out the word not required in this line. }

Male

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, One hour Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

119 Columbia Ave.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Since birth.

Place of Death, { Give street and number }

119 Columbia Ave.

Cause of Death { First, (Primary.)

Unknown

Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, 5th of May.

Undertaker, Theodore Klein

Place of Business, 218 S. La Grange St.

Smith, Eldercher, M. D.  
Medical Attendant.

Address, N.E. Cor. Columbia Ave. & Remond St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 47763

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47763

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 1<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lilly Levi

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 2 Years, Months, Days.

Color, ColdMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }Occupation, NoneBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto CityDuration of Residence in the City of Baltimore, LifePlace of Death, { Give street and number } 8 X alleyCause of Death, { First, (Primary.) Second, (Immediate.) } Castro'sDuration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp at cemeteryDate of Burial, May 2<sup>nd</sup> 1881 Geo. J. P. Ponsant M. D.

Medical Attendant.

{ Undertaker, Geo. H. Perkins{ Place of Business, 130 N. Howard St. Address, 140 N. Howard St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DOLAN &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47764

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 2<sup>d</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Miriam Regensburger

Sex, Male or Female,

{ cross out the word not required in this line. }

female

Age,

65

Years,

+

Months,

+

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Widow

Occupation,

housekeeping

Birthplace,

{ State or country, (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

85 Dover Street 30 years

Place of Death,

{ Give street and number }

85 Dover Street

Cause of Death

First, (Primary.)

Second, (Immediate.)

Apoplexy

Duration of last Sickness,

Five days

All the above information should be furnished by the Physician.

Place of Burial,

Ober Shalom

Date of Burial,

May 3<sup>d</sup> 1881

Friedenwald

M. D.

Medical Attendant.

{ Undertaker,

E. E. E. E.

{ Place of Business,

101 Gough

Address, 88 N. Eutan Street

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

## Board of Health, City of Baltimore,

Permit No. *47765*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

*May 2. 1881*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Peter*

Sex, Male or Female,

{ Cross out the word not required in this line. }

*Male*

Age,

Years, *about 3 weeks* Months, Days.

Color,

*White*

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

*Foundling*

Duration of Residence in the City of Baltimore,

*Institution 1 day*

Place of Death,

{ Give street and number. }

*St Vincent's infant asylum*

Cause of Death,

{ First, (Primary.)

*Dropped with opium*

{ Second, (Immediate.)

*Coma*

Duration of Last Sickness,

*When admitted*

All the above information should be furnished by the Physician.

Place of Burial,

*Bonnie Bruce*

Date of Burial,

*May 3. 1881*

*Marbury Brewer*

M.D.,

Medical Attendant.

Undertaker,

*Mr Brammigan*

Place of Business,

*158 Division St*

Address,

*St M<sup>c</sup> Culloch St*

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]



# Board of Health, City of Baltimore,

Permit No. 47766

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 1, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John

Sex, Male or Female. { Cross out the word not required in this line. }

Age, Years, 7 weeks Months, Days.

Color, White

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Institution 3 weeks

Place of Death, { Give street and number. } St Vincent's Infant Asylum

Cause of Death, { First, (Primary.) Marasmus  
Second, (Immediate.) Hydrocephaloid }

Duration of Last Sickness, when admitted

All the above information should be furnished by the Physician.

Place of Burial, Annie Brae

Date of Burial, May 3, 1881

Undertaker, Dr. Brammigan

Place of Business, 56 Division St.

Marbury Brewer M.D.,  
Medical Attendant.

Address, 58 W. Calhoun St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

# Board of Health, City of Baltimore,

Permit No. *47767*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *May 2, 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Gustav Krause*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~12~~ Years, *10* Months, *21* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *39 Jackson St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Acute Gastritis*

Duration of Last Sickness, *Three days.*

All the above information should be furnished by the Physician.

Place of Burial, *S. Mathia, County*

Date of Burial, *May 4, 1881*

{ Undertaker, *J. B. Rosier*

Place of Business, *97 Orleans St.* Address, *94 E. Broadway*

*George H. Rose* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the requirements herein, and to those of District or local boards.

## Board of Health, City of Baltimore,

Permit No. 47768

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, May 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } May C. Russell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 10 Months, 28 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } Morham Ave

Cause of Death, { First, (Primary.) Measles  
Second, (Immediate.) Croupy Pneumonia }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mound Pleasant Cem

Date of Burial, May 4th 1881 Frederic Corbin M.D.,  
Medical Attendant.

{ Undertaker, Julius Kochler

{ Place of Business, Sharps Cross St Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

## Board of Health, City of Baltimore,

Permit No. 47769 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, May 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Unknown (Matthew Leckman)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45? Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } unknown

Occupation, unknown

Birthplace, { State or Country and how long in the United States, if of foreign birth. } unknown

Duration of Residence in the City of Baltimore, "

Place of Death, { Give street and number. } Smith's Dock

Cause of Death, { First, (Primary) unknown  
Second, (Immediate) Accidental Drowning (Jury Verdict) }

Duration of Last Sickness, sudden

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, May 5<sup>th</sup> 1881 Edmund Walker M.D.,  
Medical Attendant.

{ Undertaker, Wm. H. Hickman  
Place of Business, 234 N. Gay St. Address, 183 Linden Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2169 Transit

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this

## Board of Health, City of Baltimore,

Permit No. 47770

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *May 2 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Willie Riley*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *1* Years, *4* Months, *8* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *St Vincent's Infant Asylum*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Chronic Hydrocephalus*  
*coma*

Duration of Last Sickness, *unknown*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross*

Date of Burial, *May 3* *Marbury Brewer* M.D.,  
Medical Attendant.

{ Undertaker, *Pennuth*

{ Place of Business, *83 Bopel St* Address, *58 W. Calhoun St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47771

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza &amp; Charles Platt

Sex, Male or Female, { cross out the word not required in this line. } (Parents)

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, one Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 176 N. Bond St

Cause of Death { First, (Primary,) Premature Birth (Ymoo)  
Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, May 4<sup>th</sup> 1881 James A. Stearns M. D.

{ Undertaker, Adam Link { Commr of Health

{ Place of Business, N. Gay St Address, + Registrar

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

Exam by. J. P. Smith [OVER.]



# Board of Health, City of Baltimore,

Permit No. 4777 2-

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 3, 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. William E. Glassore

Sex, Male or Female, Cross out the word not required in this line. Male

Age, 28 Years, 7 Months, Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line. Single

Occupation, Clerk

Birthplace, State or Country and how long in the United States, if of foreign birth. Balt. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, Give street and number. 323 N. Caroline St.

Cause of Death, First, (Primary.) Pulmonary Tuberculosis  
Second, (Immediate.)

Duration of Last Sickness, 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 5th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Geo. A. Hartman M.D.,  
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

## Board of Health, City of Baltimore,

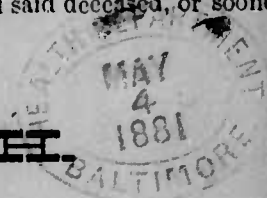
Permit No. 47773

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death,

May 2<sup>d</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mosette Fisher

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Female

Age,

1

Years,

8

Months,

—

Days.

Color,

Colored.

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Fifteen

Place of Death,

Give street and number.

276 Ches Bt

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia  
Exanthori

Duration of Last Sickness,

2 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

May 4 1881

Undertaker,

Samuel W. Madden

Place of Business,

276 Ches Bt

G. L. Taylor

M.D.,

Medical Attendant.

Address, 222 W. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

May 3. 87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Clement F. Hackman

Sex, Male or Female, { Cross out the words not required in this line. }

Male

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

White

6 weeks

Color,

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto -

Duration of Residence in the City of Baltimore,

all his life

Place of Death, { Give street and number. }

438 Lexington

Cause of Death, { First (Primary,) Second (Immediate,) }

Inanition (Marasmus)  
all his life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Avenue

M. H. Kump

M. D.

Date of Burial, May 4

Medical Attendant.

{ Undertaker, J. P. Cook

Address,

55 N. Greene St

{ Place of Business, 40 West Patterson

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 27

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alexander Ross

Sex, Male or Female, { cross out the word not required in this line. }

Age, 8 Years, 3 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 160 Henrietta St.

Cause of Death, { First, (Primary) } Phthisis Pulmonalis  
{ Second, (Immediate,) } Hemorrhage

Duration of last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill

Date of Burial, May 4th 1887

{ Undertaker, Geo. H. Perkins

{ Place of Business, 130 Henrietta

Address, 262 Sharp St.

L. M. Hall M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER}

No. 47776

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Robert M. Travis

Sex, Male or Female, { cross out the word not required in this line. }

Male

Age, 57 Years, 1 Months,  Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Steamboat Captain

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Dorchester CountyDuration of Residence in the City of Baltimore, 10 351 Light St

Place of Death, { Give street and number }

Dilatation of Heart

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

5 monthsDuration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, BaltimoreDate of Burial, May 4th 1881J. C. Bunch

M. D.

Medical Attendant.

{ Undertaker, Amstrong & Co{ Place of Business, 463 Light StAddress, 151 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4777

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 3 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm T. Byrn

Sex, Male or Female, { cross out the word not required in this line. }

Age, 46 Years, Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Commission Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number } No 20 Warren St

Cause of Death, { First, (Primary.) Bright's Disease (large white kidney) Second, (Immediate,) Exhaustion after intercurrent Erysipelas

Duration of last Sickness, Two (2) Months for the last attack

All the above information should be furnished by the Physician.

Place of Burial, Ball's Cemetery

Date of Burial, May 5 1881

Undertaker, J. M. Strong &amp; Son

Place of Business, 263 Light St

Address, Christopher J. Griffin M. D. Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 31, 1881

Full Name of Deceased, Frederick Blöme  
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, ☒ Male ☐ Female, cross out the word not required in this line.

Age, 54 Years, 10 Months, Days.

Color, White

Married, Single, Widowed or Widower, ☒ Single ☐ Married ☐ Widowed ☐ Widower, Cross out the word not required in this line.

Occupation, Painter

Birthplace, State or country, (and how long in the United States, if of foreign birth.) Germany

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number 362 E. Fayette

Cause of Death, First, (Primary.) Rheumatism, Second, (Immediate.) Asthenia

Duration of last Sickness, 3 weeks

Place of Burial, Baltimore Cemetery

Date of Burial, May 4, 1881

Undertaker, John Henning

Place of Business, 382 Orleans St

J. W. P. Bates M. D.  
Medical Attendant.

Address, 112 S. E. 1st St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47779

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 3d May 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julius Krager

Sex, Male or Female, { cross out the word not required in this line. }

Age, ——— Years, 2 Months, 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give street and number } A. Street 239

Cause of Death, { First, (Primary.) } Convulsions  
Second, (Immediate,) 3 Days

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, First German United Cemetery

Date of Burial, 4th May 1881

{ Undertaker, Wm. Nicolais } William Hennel M. D.  
Medical Attendant.

{ Place of Business, 258 Alice St. } Address, S. Waller 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47780

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May - 3 = 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } September Clifford

Sex, ~~Male or Female~~, { cross out the word not required in this line. } Male

Age, 65 Years, Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } V

Occupation, Baltimore

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 74

Place of Death, { Give street and number } 74 S. Bway

Cause of Death, { First, (Primary.) } Apoplexy  
{ Second, (Immediate.) }

Duration of last Sickness, All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 4 1881

{ Undertaker, M. A. Gaijes } M. D. Medical Attendant.

{ Place of Business, 74 S. Bway } Address, 74 S. Bway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47781

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 3<sup>rd</sup>, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Maria E. Purdy*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *22* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *2 years*

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) }

{ Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *May 3<sup>rd</sup>, 1881*

Undertaker, *A. T. Doll*

Place of Business, *31 Hanover St*

Address, *146 Hudson St*

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47782  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Murray

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 4 Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 192 Mullikin St

Cause of Death { First, (Primary.) Cold  
Second, (Immediate.) Bronchitis

Duration of last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 4<sup>th</sup> 1881

Undertaker, W. H. Dunger

Place of Business, East St

James A. Stearns, M. D.  
Medical Attendant

Commissioner of Health  
Address, 46 Registrar

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. P. Smith [OVER.]

No. 47783

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 4th May, 1881 5:30 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Not named Son of George Rebeck  
maiden name of mother "North"

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, 3 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, Infant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 5 Davids Ct East Lombard & Lloyd St

Cause of Death, { First, (Primary.) \_\_\_\_\_  
Second, (Immediate.) Marasmus

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, May 5th 1881 Alfred Sherrard M. D.  
Medical Attendant.

{ Undertaker, Peter Frey

{ Place of Business, 91 E. Green St Address, 11 S. Howard St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OTAL]

No. 47784

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, April 30 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucy Jane Gaunt

Sex, Male or Female, { cross out the word not required in this line. }

Age, 43 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Cooking &amp; Washing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Prince Georges Co. Md.

Duration of Residence in the City of Baltimore, Since Dec 14 1880

Place of Death, { Give street and number } Md. Woman's Hospital 51 Santiago St.

Cause of Death { First, (Primary.) Pneumonia  
Second, (Immediate,) Embolism

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Prince Georges Co. Md.

Date of Burial, May 21 1881

{ Undertaker, Fred Gauntz

{ Place of Business, Address,

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

2171 Transit

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47785

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

May 3 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie L. Shear

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, 21 Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

N.E. Cor. of Calhoun St. & Patterson Ave  
Managers

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, May 4

Undertaker, C. H. Blizzard

Place of Business, 201 Penna. ave

Address,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of

## Board of Health, City of Baltimore,

Permit No. 47786

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, May 4. '81 - 10 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dora Paulina Elizabeth Schultz.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Two (2) Years, Five (5) Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 78 Pearl St. Baltimore Md.

Duration of Residence in the City of Baltimore, Twenty Nine Months

Place of Death, { Give street and number. } 447 Lexington St. Baltimore Md.

Cause of Death, { First, (Primary.) Pneumonia with Diphtheritic Croup. Second, (Immediate.) Asphyxia. }

Duration of Last Sickness, Eight (8) Days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home. Ave.

Date of Burial, May 5th 1881. John Davis Hartley M.D.,

{ Undertaker, Geo. Saffran

Medical Attendant.

{ Place of Business, 121 Penna Ave } Address, 380 W. Fayette St. B. C.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47787

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, May 5 1881

{ Undertaker, S. H. Chase

{ Place of Business, 194 Howard St.

W. S. Booger, M.D.,  
Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47788

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 20 1881; 12:15 P. M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eugene Conway

Sex, Male ~~Female~~, { cross out the word not required in this line. } Male

Age, 4 Years, 5 Months, 2 Days.

Color, Cloud

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City,

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } No 3 Slaughter-house Alley

Cause of Death { First, (Primary.) Diphtheria  
Second, (Immediate,) }

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 21 1881

{ Undertaker, J. W. Chase

{ Place of Business, 128 S. Howard St Address, E. Cor. Columbia Ave. &amp; Reservoir St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



## Permit No. 472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT  
MAY 4 1893  
BALTIMORE

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Patterson

Sex, Male or ~~Female~~ { Cross out the word not  
required in this line. } *Male*

Age, 25 Years, 11 Months, 1 Days.

Color, Col

Married, Single, ~~Widow or Widower~~, } Cross out the word not }  
required in this line. }

Occupation, Waiter

Birthplace, { State or Country and how }  
 { long in the United States, }  
 { if of foreign birth. }

Cambridge Rochester Co. N. Y.

Duration of Residence in the City of Baltimore, Four years

Place of Death, { Give street and } 63 Raborz St  
number.

Cause of Death, } First, (Primary.)  
Second, (Immediate.)      Consumption

Duration of Last Sickness,.....

All the above information should be furnished by the Physician.

Place of Burial, *Cambridge Mass*

Date of Burial, *May 4, 1881* *W. H. Hunt* M.D.  
Medical Attendant.

(Undertaker, H M Chase

Place of Business, 98<sup>th</sup> Howard St. Address, 616 W. Balt. St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

dition (whether married or single) of the illegitimate children.



No. 47790

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Sunday May 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Noah Lindsey

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 256 Kaburg St.

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate.) 5 days

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, May 4th 1881

Place of Burial, W. H. H. Cemetery Dimmitt Harris M. D.  
Medical Attendant.

Undertaker, S. J. P. Chase

Place of Business, 198 S. Howard Address, 361 N. Fayette

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47791

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leinnia Jenkins

Sex, Male or Female, { cross out the word not required in this line. }

Age, 21 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Maryland

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number }

Cause of Death, { First, (Primary) } Pulmonary

{ Second, (Immediate,) } Tubercle

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Asbury Presbyterian Cemetery

Date of Burial, May 4th 1881

Undertaker, Wm. H. Dwyer

Place of Business, 1612 East St

E. J. Williams M. D.  
Medical Attendant.

Address, 17 Polk St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 47792

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 47792

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward J. Sanders

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 77 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Charles C. Md

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and number } 567 Lexington St

Cause of Death, { First, (Primary.) Chronic Bronchial Catarrh  
Second, (Immediate,) and atonic dyspepsia

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 4<sup>th</sup> 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles Address, 283. W. Lombard

Medical Attendant, E. F. Nicholson M. D.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OV 4R.]

# Board of Health, City of Baltimore,

Permit No. **47793**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

**May 4<sup>th</sup> 1881.**

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

**Joseph Guy**

Sex, Male or Female,

Cross out the word not required in this line.

**Male**

Age,

**3**

Years,

**10**

Months,

**30**

Days.

Color,

**White**

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

**Baltimore Md.**

Duration of Residence in the City of Baltimore,

**Life time**

Place of Death,

Give street and number.

**23 Holland St**

Cause of Death,

First, (Primary.)

Second, (Immediate.)

**Malignant Scarlet Fever**

Duration of Last Sickness,

**Four days**

All the above information should be furnished by the Physician.

Place of Burial,

**Balto Cemetery**

Date of Burial,

**May 5<sup>th</sup>**

Undertaker,

**Charles P. Scriven**

Place of Business,

**271 N. Eutaw St**

Address,

**21 Broadway**

**D. W. Cattell** M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. *47794*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *May 4th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Dania R. Austin*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *4* Years, *2* Months, *23* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Virginia*

Duration of Residence in the City of Baltimore, *18 months*

Place of Death, { Give street and number. } *18 Hill St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Measles Diphtheria*

Duration of Last Sickness, *6 days*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *May 6th*

*Herodore Cook* M.D.,  
Medical Attendant.

{ Undertaker, *Smith & Co*

{ Place of Business, *126 E. 1st St* Address, *146 Hancock St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Laura V. Aubreuil

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, \_\_\_\_\_ Years, 4 Months, 10 Days.

Color, White Sex, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the words not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 153 N. Fremont St.

Cause of Death, { First (Primary,) Tubercular Meningitis  
Second (Immediate,) \_\_\_\_\_

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Leaden Park Cemetery

Date of Burial, May 5 Wm. Messing M. D. Medical Attendant.

{ Undertaker, J. B. Cook Address 308 W. Fayette St.

{ Place of Business, 707 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 11th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Lappe

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 51 Years, 4 Months, 16 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, { Give street and number } 376 Hamburg St.

Cause of Death, { First (Primary,) Intermittent Fever & Asthma  
Second (Immediate,) }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Linden Park Cem.

Date of Burial, May 12th 1881

Undertaker, Julius Kachler

Place of Business, Sharp & Cross St.

Address 298 W. Lombard St.

H. W. Weber M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47797

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 4th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Newburn

Sex, Male or Female, { cross out the word not required in this line. }

Age, 40 Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Photographer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 685 Saratoga St.

Cause of Death, { First, (Primary.) Phthisis Pulmonalis  
Second, (Immediate,) debility }

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, May 6th Geo. G. Brewer M. D.

Medical Attendant.

{ Undertaker, Blackiston &amp; Son }

{ Place of Business, 22 S. Carey St. Address, 258 W. Fayette St. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

JULIANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore

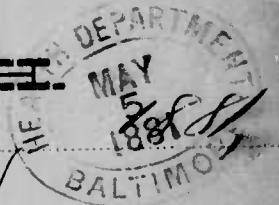
Permit No. 47798

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

May 4<sup>th</sup>

Full Name of Deceased,

*Write legibly and spell correctly. If an infant not named, give names of parents.*

*Ras Davis*

Sex, Male or Female,

*Cross out the word not required in this line.*

Age,

44

Years,

Months,

Days.

Color,

*White*

Married, Single, Widow or Widower,

*Cross out the word not required in this line.*

Occupation,

*Painter*

Birthplace,

*State or Country and how long in the United States, if of foreign birth.*

*Balt. all his life*

Duration of Residence in the City of Baltimore,

Place of Death,

*Give street and number.*

*City Hospital on floor 4th floor*

Cause of Death,

*First, (Primary.)*

*Second, (Immediate.)*

*Aschemia*

Duration of Last Sickness,

*Three months*

All the above information should be furnished by the Physician.

Place of Burial,

*E. Public Cemetery*

Date of Burial,

*May 5<sup>th</sup> 1888*

Undertaker,

*Patt Mullin*

Place of Business,

*P. Park ave*

Address,

*City Hosp*

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 47799

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, May 4<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maggie Bauer's

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

61 Myrtle Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Scarlet & Typhoid  
Fever

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, May 8/81

Undertaker, Peter Krumm

Place of Business, 317 Mulberry St. Address, 226 Mulberry St.

Com. Dr. H. M. D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 4<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marion DuvallSex, Male or Female, { cross out the word not required in this line. } FemaleAge, 33 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } SingleOccupation, TeacherBirthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, 5 yearsPlace of Death, { Give street and number } 26 Gilman St.Cause of Death, { First, (Primary.) Second, (Immediate.) } BotcheryDuration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, London Park CemeteryDate of Burial, May 6<sup>th</sup> 1881 M. D.{ Undertaker, Devery Mitchell Medical Attendant, \_\_\_\_\_{ Place of Business, 550 N. Fayette St. Address, 28 S. Liberty St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[9741.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH.

Date of Death, May 3. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Alexander Franklin Chew

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, One Years, nine Months, — Days.

Color, ed

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 94 Lyson St

Cause of Death { First, (Primary,) Bronchitis  
Second, (Immediate,) Dropsy.

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5<sup>th</sup> 1881

{ Undertaker, Wm J Gray

{ Place of Business, 65 Mulberry

J. B. Browne M. D.  
Medical Attendant.

Address, 387 Madison Av

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47802

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Schultzy

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 565 Nanover St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, May 6<sup>th</sup>

Undertaker, Armstrong & Linn

Place of Business, Light & Montgomery

R. J. N. Tall M.D.,  
Medical Attendant.

Address, 152 S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7700  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47,803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 4, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John P. Wheeler

Sex, Male or Female, { cross out the word not required in this line. }

Age, 72 3/4 Years, 4 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Alexandria, Virginia

Duration of Residence in the City of Baltimore, Two years

Place of Death, { Give street and number } No. 17 Mulberry St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Death Disease do not know

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C.

Date of Burial, May 6<sup>th</sup> 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 Charles St.

Address, No. 97 N. Charles St.

Thomas Hearner, M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

2173 Transit

# Board of Health, City of Baltimore,

Permit No. 47804

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 4, 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

George Lang

Sex, Male or Female,

Cross out the word not required in this line.

Age,

80

Years,

Months,

Days.

Color,

White

Married, Single, Widowed or Widower,

Cross out the word not required in this line.

Occupation,

Mechanic

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore,

26 years.

Place of Death,

Give street and number.

# 274 S. Bond St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Apoplexy.

Death sudden.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel

Date of Burial,

May

George A. Hall, M.D.,  
Medical Attendant.

Undertaker,

Place of Business,

Address,

94 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47805

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 4th 8

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Higgins

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 10 Years, 10 Months, 10 Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 56 Hammond Lane

Cause of Death, { First, (Primary,) Scarlet fever Second, (Immediate,) None }

Duration of last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Lamb Cemetery

Date of Burial, May 6th 1881 M. D.

Medical Attendant.

{ Undertaker, Peter Reumert }

{ Place of Business, Buller's St Address, 301 Franklin St }

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Twin infants of Albert & Ann Mahone

Sex, Male or Female, { Cross out the word not required in this line. } Both males

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White Sex, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the words not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } Mount St. north of Baker

Cause of Death, { First (Primary,) Premature Birth, about 6th month. Second (Immediate,) Infants lived only a few minutes.

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Boden Cemetery W. W. Mahoney M. D.

Date of Burial, May 6 Medical Attendant.

{ Undertaker, C. E. Mahone Address 308 W. Fayette St.

{ Place of Business, Mount near Baker St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Turn Infant of Albert & Indiana Mahone.

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Mount St. North of Baker St

Cause of Death { First, (Primary) Premature Birth about 6 mos + lived on a few minutes. Second, (Immediate), }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 6<sup>th</sup> 1881

M. D. Medical Attendant.

Undertaker, or, A. Mahone

Place of Business, Mount St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

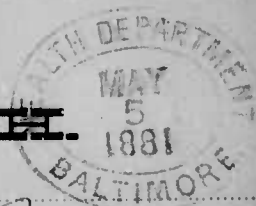
Permit No. 47808

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.



Date of Death, May 5, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William B. Pimby

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Broom Maker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 611 N. Gay St.

Cause of Death, { First, (Primary.) Pleuro Pneumonia  
Second, (Immediate.) Softening

Duration of Last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 7th 1881

{ Undertaker, Henry Hoeck

{ Place of Business, 309 Central Ave Address, 387 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 3<sup>rd</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Edith Forman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 15 Years, Months, Days.

Color, Ed Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Servant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Harford Co Md

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, { Give street and number. } 336 Park av.

Cause of Death, { First (Primary,) Second (Immediate,) Consumption  
Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Church.

Date of Burial, May 4<sup>th</sup> 1881

{ Undertaker, Wm. J. Bishop Jr

{ Place of Business, 97 South Hill St

Address

E. Ridgely Paul M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47810

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levisa Hipkins

Sex, Male or Female. { Cross out the word not required in this line. }

Age, Years, 2 Months, 26 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 2 mo - 26 days

Place of Death, { Give street and number. } 37 Goodmans Alley

Cause of Death, { First, (Primary.) Convulsions  
Second, (Immediate.) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonse Cemetery

Date of Burial, May 5th

{ Undertaker, H. Brice

{ Place of Business, Hemmett St 81

Dr. J. B. M.D.,  
Medical Attendant.

Coroner E. D. Dist.  
Address, 101 So. Bknight St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**Board of Health, City of Baltimore,**  
Office of Registrar of Vital Statistics.

Permit No. 47811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

**CERTIFICATE OF DEATH**

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Color,

Married, Single, Widow or Widower,

Occupation,

Birthplace, State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

Cause of Death, First, (Primary), Second, (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, May 6, 1881

Undertaker, John E. Gonsky

Place of Business, 106 B. Park Ave

J. West  
Medical Attendant.

University Hospital  
Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 15  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ansie Star Gorman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 28 Years, 7 Months, — Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation, Actress

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Tenn.

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, { Give street and number } 3 N Front St

Cause of Death, { First, (Primary.) Phthisis Pulmonalis  
Second, (Immediate.) Two Years (over)

Duration of last Sickness, Two Years (over)

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, May 6<sup>th</sup> 1881

Undertaker, Wm J. Tiekman

Place of Business, 65 S. Eutaw St

Address, 1801 Broadway, N.Y.

M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANTY & CO. CITY PRINTERS AND STATIONERS.

{OVER}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anton Rezicka

Sex, Male or Female, { cross out the word not required in this line. }

Age,        Years, 4 Months, 6 Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Cheer & Dallas St

Cause of Death { First, (Primary,) Spasms  
Second, (Immediate,) of hours

Duration of last Sickness,         
All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 6<sup>th</sup> 1881 John H. Sturges M. D.

Undertaker, Adam Fink Comm of Health

Place of Business, 21. Gay St Address, Registrar

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - Dr. P. Smith [OVER.]



The Special Attention is directed to the Remarks below, and to the fact that the death of every person in this City must be reported to the Board of Health.

## Board of Health, City of Baltimore,

Permit No. 47814

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

May 3rd 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Milly Johnson

Sex, ~~Male~~ or ~~Female~~.

(Cross out the word not required in this line.)

Age, alt 55

Years,

Months,

Days.

Color, br

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~.

(Cross out the word not required in this line.)

Occupation,

Washerwoman

Birthplace,

(State or Country and how long in the United States, if of foreign birth.)

Irish Mill Mead

Duration of Residence in the City of Baltimore,

about 9 years

Place of Death,

(Give street and number.)

64 Hampstead St

Cause of Death,

First, (Primary.)

Heart Disease

Second, (Immediate.)

Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Irish Mill Mead

Date of Burial,

May 4th 1881

Chas. M. Wolf M.D.,

Undertaker,

Geo. J. Locks

Carver E. L. Medical Attendant.

Place of Business,

73 Jefferson

Address,

67 E. Baltimore St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2174 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 47815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

HEALTH DEPARTMENT  
MAY 5 1881  
BALTIMORE

Date of Death,

May 4 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Julia Ann Marshall

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

75 Years,

Months,

Days.

Color,

White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Earle Md.

Duration of Residence in the City of Baltimore,

50 years

Place of Death,

Give street and number.

33 Forest Place

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Apoplexy

Duration of Last Sickness,

18 hours.

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

May 6 1881

Undertaker,

Wm. J. Hughes

Place of Business,

60 E. 1st St.

Address,

16 1/2 Calumet

Medical Attendant.

M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47816

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

May 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Kelly, Jr.,  
Male

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

53

Years,

Months,

Days.

Color,

White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Married

Occupation,

Seine Maker

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number. }

43 Fane St.

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

General Debility, &c.

Duration of Last Sickness,

About four months

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

May 7<sup>th</sup> 1881

D. W. Cathell

M.D.,

Medical Attendant.

{ Undertaker,

Thos G Hughes

{ Place of Business,

100 E Balto

Address,

2 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47817

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 5<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles M. Schumacher

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, \_\_\_\_\_ Years, 0 Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 175 So. Dallas

Cause of Death, { First, (Primary.) } Bronchitis  
{ Second, (Immediate.) } Asthma

Duration of Last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem.

Date of Burial, May 6<sup>th</sup>

{ Undertaker, M. France

{ Place of Business, No 280 Canton Ave. Address, 175 So. Dallas

G. L. Smith M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47818

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

56

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

not known

Occupation,

Seaman

Birthplace,

State or Country and how long in the United States, if of foreign birth.

England

Duration of Residence in the City of Baltimore,

5 Days

Place of Death,

Give street and number.

University Hospital

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Chronic Dysentery

asthenia

3 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Public Cemetery

Date of Burial,

May 5/81

Undertaker,

Edw. A. Archner

Place of Business,

508 Carrollton Ave

WEST 9

M.D.,

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47819

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, May 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Teresa Meagruder

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Ninety-two Years, Months, Days.

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Prince George's Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 433 Mount St

Cause of Death, { First, (Primary.) Old age  
Second, (Immediate.) Fracture of neck of femur & bed-sores } ✓

Duration of Last Sickness, About a Month

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, April 6<sup>th</sup> 1881

{ Undertaker, J E Hough & Co

{ Place of Business, 300 Lancaster Address, 262 Mead Ave

Elias C Price M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 47820

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillie Miller Son of Geo. & Mary A. Miller

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, 3 Years, 2 Months, 13 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Bo

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 105 1/2 East Pratt St

Place of Death, { Give street and number } 105 1/2 East Pratt St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, May 6<sup>th</sup> 1881

Undertaker, John J. Schumann

Place of Business, 63 E. Eden St.

Wm. H. Thayer M. D.  
Medical Attendant.

Address, 11 S. High St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 47821

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 5 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Catharine Gleeson

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

82

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

widow

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

8 S. Exeter St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Heart disease  
Dropsy - (Gonorrhea)  
Six weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St. Matthews Cemetery

Date of Burial,

May 6th 1881

Undertaker,

Henry J. Hermann

Place of Business,

18 Eden St.

Address,

A. R. Arnold

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47822

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, 5<sup>th</sup> May 1881 Felicia Cabrera De Fernandez

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Felicité Fernandez

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 71 Years, Months, Days.

Color,

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Havana Matanzas

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Asylum of the Little Sisters of the Poor  
Cor John and Valley Street, Poor

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

General debility from old age

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 7<sup>th</sup> May 1881

W. D. Booker.

M.D.,

Medical Attendant.

{ Undertaker, Henry Altheimer

{ Place of Business,

Address, 152 Madison St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47823

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 5 1881  
Francis Diggs

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Wagonman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Calvert Co

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and number. } 91 Moore St

Cause of Death, { First, (Primary.) } unknown  
{ Second, (Immediate.) } Convulsions

Duration of Last Sickness, Sick two weeks

All the above information should be furnished by the Physician.

Place of Burial, Larrick Cemetery

Date of Burial, May 8

Undertaker, Hercules Rogers

Place of Business, 15 Conway St Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

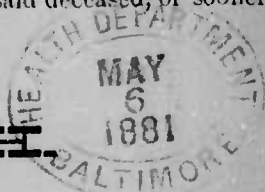
# Board of Health, City of Baltimore,

Permit No. 47824

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

May 5, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Catherine Ostendorf

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

24

Months,

4

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balk.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

33 Myrtle Ave

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Scrophula

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Sweet Home

Date of Burial,

May 6 1881

Undertaker,

Matthew Cadogan

Place of Business,

227 Mulberry St

Address,

146 Howard St

Theodore Cook M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47825

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 5 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie West

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 9 Years, 4 Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, V

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number } 231 Linden Ave

Cause of Death, { First, (Primary.) } Enteric Peritonitis  
{ Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 7th 1881 J W Miller M.D. Medical Attendant.

{ Undertaker, } J W Miller &amp; Son

{ Place of Business, } 121 W. Howard St Address, 121 W. Howard St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 6<sup>th</sup> 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William R. Beck  
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Male  
Age, 55 Years, Months, Days.  
Color, White  
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married  
Occupation, Turner  
Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore County  
Duration of Residence in the City of Baltimore, 45 years  
Place of Death, { Give street and number. } No Orleans Street  
Cause of Death, { First (Primary.) Second (Immediate.) } Apoplexy  
Duration of Last Sickness, about 6 hours  
All the above information should be furnished by the Physician.  
Place of Burial, Baltimore Centre  
Date of Burial, May 7, 1881  
Undertaker, H. Hoffmann  
Place of Business, 63 N. Eden St.  
Address, 195 Acquitto St.  
M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

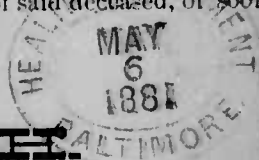
# Board of Health, City of Baltimore,

Permit No. 47827

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

May 5<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Elizabeth King

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

1

Years,

1

Months,

10

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

109. Peach alley

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Measles  
Convulsions

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial,

St. Stephens in Cem

Date of Burial,

May 7<sup>th</sup> 1881

Therese Bork

M.D.,

Medical Attendant.

{ Undertaker,

Julius Koehler

{ Place of Business,

Sharp & Cross St

Address,

146 Hancock St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

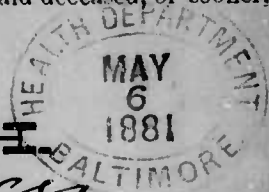
# Board of Health, City of Baltimore,

Permit No. 47828

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, James Shea May 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Shea

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 21 Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number. } Courtland St

Cause of Death, { First, (Primary.) 7 Mos Chw Second, (Immediate.) Con vul sum, + Cataracta after

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 6<sup>th</sup> 1881

{ Undertaker, Wm. H. Spickman

{ Place of Business, 234 N. Gay St Address, \_\_\_\_\_

Chas O'Donovan M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47829*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 5<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizabeth Grub*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *86* Years, *2* Months, *12* Days.

Color, *White*

Sex, *Female*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *During Life*

Place of Death, { Give street and number. } *No 483 W. Fayette St*

Cause of Death, { First (Primary,) Second (Immediate,) } *Old Age with Pneumonia*  
*Congestion of Lungs.* ✓

Duration of Last Sickness, *Four Days.*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Olivet Cemetery* *Theodore W. Shocker M. D.*

Date of Burial, *May 6* Medical Attendant.

{ Undertaker, *Joseph A. Cook* Address *No 114 Larnale St*

{ Place of Business, *707 West Baltimore St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47830

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 5 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Emily Jane Wiggan

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 3 Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

Cor. Lexington &amp; Pearl Sts

Cause of Death, { First, (Primary.) }

Second, (Immediate,)

Anemia

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, May 6<sup>th</sup> 1881

{ Undertaker, D. Wiegand

{ Place of Business, 166 Druid Hill

Address, 363 Franklin St

J. W. C. Cuddy M. D.  
Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[074E.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No. 47831**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

**MAY**

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

TE. MAY 6 1881

Address

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[OVER.

No. 2470  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 5, 1881

Full Name of Deceased, Lala Hall  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, ~~Male~~ or Female, ☒ Male ☐ Female (cross out the word not required in this line.)

Age, one Years

Color, white

Married, Single, Widow or Widower, ☒ Single ☐ Married ☐ Widow ☐ Widower (Cross out the word not required in this line.)

Occupation,

Birthplace, State or country, (and how long in the United States, if of foreign birth.) Balt.

Duration of Residence in the City of Baltimore, since birth

Place of Death, Give street and number Penn. Av. near Lombard St.

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.) Three months

Duration of last Sickness, All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 8, 1881

Undertaker, Stewart & Mawer

Place of Business, 30 Bay

Address, 162 Lombard St. M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 1281

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, 5<sup>th</sup> May 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theodor Wehner

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 3 Months, 26 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 322 Eastern Av. Corner of Washington St.

Cause of Death { First, (Primary,) denteritis difficilis  
Second, (Immediate,) spasm.

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Myronusken

Date of Burial, May 7 Robert L. Anthon M. D. Medical Attendant.

{ Undertaker, N. Trappel

{ Place of Business, 741 B Bury Address, 121 N. Broadway.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 3<sup>rd</sup> - 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas H. Biskey.

Sex, Male or Female, { cross out the word not required in this line. }

Age, 86 - Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Burlington N. Jersey.

Duration of Residence in the City of Baltimore, Since 1816.

Place of Death, { Give street and number } 219 Druid Hill Ave.

Cause of Death, { First, (Primary.) Old age. Second, (Immediate.) }

Duration of last Sickness, about six weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Paul.

Date of Burial, May 6<sup>th</sup> 1881.

{ Undertaker, J. H. Blizard }

{ Place of Business, 221 Penna. Ave. Address, 248 W. Lombard St. }

Edward R. Hard M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[074R.]

No. 47  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 2 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Luey Gynhorn

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 3 1/2 Years, 3 1/2 Months,        Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,       

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Harvey Child's Hospital

Cause of Death, { First, (Primary.) } Mal-nutrition  
{ Second, (Immediate,) }       

Duration of last Sickness,       

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 4

{ Undertaker, C. H. Hayward

{ Place of Business, 201 Penna. Ave. Address,       

C. F. Brown M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47836

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 5<sup>th</sup>, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George C. A. Schneider

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 3 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ————

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number } 142 Conway St.

Cause of Death, { First, (Primary,) Membranous Croup -  
Second, (Immediate,) Capillary Bronchitis ✓

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 8<sup>th</sup>, 1881

Undertaker, Ernst Schloman

Place of Business, 200. Sharp Street Address, 89 Saratoga St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, May 5. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Otto Wiersdfer

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, 5 Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany in U.S. 8 days

Duration of Residence in the City of Baltimore, 8 days

Place of Death, { Give street and number } 102 Wilhelm St.

Cause of Death { First, (Primary,) Bronchitis & Intestinal Catarrh 12<sup>th</sup> day  
Second, (Immediate,) Asthenia

Duration of last Sickness, One week or more

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 6/81

{ Undertaker, J. A. Paulus

{ Place of Business, 66 Frederick Ave Address, 19 S. Clinton St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



# Board of Health, City of Baltimore

Permit No. 47838

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 8th 1881  
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John J. Becker  
 Sex, Male or Female, { Cross out the word not required in this line. } Male  
 Age, 15 Years, 11 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Printer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No. 213 Henrietta St

Cause of Death, { First, (Primary.) Enteritis  
 Second, (Immediate.) Asthenia }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 8th 1881

{ Undertaker, Julius Koehler

{ Place of Business, Sharp & Cross St Address, 166 S. Paca St.

C. L. Buddenbom M.D.,  
 Medical Attendant

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 47839

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 5<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } M<sup>rs</sup> Mulcrone

Sex, Male ~~Female~~. { Cross out the word not required in this line. }

Age, 2 Years, 4 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } S. W. Lombard St.

Cause of Death, { First, (Primary.) Tuberculosis  
Second, (Immediate.) Exhaustion }

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, May 6<sup>th</sup> Geo. B. Reynolds M.D.,  
Medical Attendant.

Undertaker, H. C. Weddell

Place of Business, 90 Greenmount Address, 2 E. Calvert Monument

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 5th 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mrs Matilda Davis

Sex, Male or Female,

cross out the word not required in this line.

Age,

34

Years,

6

Months,

0

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Working Woman

Birthplace,

State or country, (and how long in the United States, if of foreign birth.)

Balto Co

Duration of Residence in the City of Baltimore,

20 Years

Place of Death,

Give street and number

No 9 Castle St Baltimore

Cause of Death

First, (Primary.)

Second, (Immediate.)

Abscess of throat

Laryngitis

Duration of last Sickness,

4 weeks and two days

All the above information should be furnished by the Physician.

Place of Burial,

Lanier Cemetery

Date of Burial,

May 7th 1881

R B Morris

M. D.

Medical Attendant.

Undertaker,

John W. Leach

Place of Business,

65 S 2nd St

Address, Orangeville Balto Co Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

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No. 47

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, May 5 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie Frelin

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 1 Years, 8 Months, Days.

Color, Negro

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 1 year 8 months

Place of Death, { Give street and number } 72 Vincent Al.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Incurbille

Duration of last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 7 1881

{ Undertaker, William H. King

{ Place of Business, 1062 East Street

Jas. A. Gwaltney, M. D.  
Medical Attendant.

Address, 189 Edmondson Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OV 41.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back.

## Board of Health, City of Baltimore.

Permit No. 47842

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carroll M. Wright

Sex, Male or Female, { Cross out the words not required in this line }

Age, One Years, Five Months, Thirteen Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 28th Morris St.

Cause of Death, { First (Primary), Second (Immediate). } Strangulation  
Cerebral Meningitis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 8th

Undertaker, W. E. Chenoweth

Place of Business, 336 Pennsylvania St.

Silas Baldwin M. D.  
Medical Attendant.

Address, 152 Louisiana St.

#### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47843

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

MAY  
7  
1881

Date of Death,

May 5/81

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Dominick Murre

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

2

Months,

Days.

Color,

Dark

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balto City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give street and number.

57 St Paul St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Diarrhea

Duration of Last Sickness,

3 Weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Peter's Cemetery

Date of Burial,

May 8<sup>th</sup> 1881

Undertaker,

Patrick Mullin

Place of Business,

P. Park Ave

Address,

127 St Paul St

J. F. Ward  
Medical Attendant.

M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47844

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 6<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Infant, Mary Biscoe (Col.)

Sex, ~~Male~~ or Female, Cross out the word not required in this line. Female

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 3 1/2 Days.

Color, Black

~~Married, Single, Widow or Widower~~, Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, Give street and number. 161 W. Lombard St

Cause of Death, First, (Primary.) Premature Birth  
Second, (Immediate.) Mal-nutrition

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, \_\_\_\_\_

Date of Burial, \_\_\_\_\_

{ Undertaker, \_\_\_\_\_

{ Place of Business, \_\_\_\_\_

Address, 161 W. Lombard

L. L. Dittig M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47845

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, 6th of May 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eda S. Clark

Sex, Male or Female, { cross out the word not required in this line. }

Age, 23 Years, 5 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Hartford Conn. Ind.

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, { Give street and number } 547 St. Lombard St

Cause of Death { First, (Primary,) Pleurisy, Rheumatism & Perineal Abscess  
Second, (Immediate,) Inanition

Duration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 8th 1881

Undertaker, Geo. B. Clark

Place of Business, 10707 W. Baltimore Street Address, 187 Hollins St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 5

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } May Hession

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 21 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Domestic

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 58 Bond

Cause of Death, { First, (Primary.) Cause unknown - case treated at home for 3 weeks +  
Second, (Immediate.) Immune home for days prior to death  
Jaundice 4 weeks

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, H. Peter Cemetery

Date of Burial, May 7

{ Undertaker, J. B. Cook

{ Place of Business, 707 West Baltimore

Address, 213 Lexington St.

A. H. Salmon M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 6<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sallie E. North

Sex, ~~Male~~ or Female, cross out the word not required in this line.

Age, 23 Years, 5 Months,  Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.

Occupation,

Birthplace, State or country, (and how long in the United States, if of foreign birth.) Dorchester County

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, Give street and number 239 N. Broadway

Cause of Death First, (Primary.) Consumption  
Second, (Immediate.)

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Dorchester County

Date of Burial, May 7<sup>th</sup> 1881 E. B. Fenby M. D.  
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St Address, 319 N. Central Ave.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

Permit No. *47848*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 5th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Kate Buckley*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *7* Years, *7* Months, *7* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number. } *354 S. Caroline Street*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Convulsions*

Duration of Last Sickness, *2 days*

All the above information should be furnished by the Physician.

Place of Burial, *Schwartz's New B. G. L.*

Date of Burial, *May 7th 1881*

Undertaker, *W. A. Daigne*

Place of Business, *74 S. Broadway* Address, *of J. H. Daigne*

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47849

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47849The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, 6 May 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fredrick LinnisSex, Male or Female, { cross out the word not required in this line. } maleAge, 73 Years, 2 Months,    Days.Color, whiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } marriedOccupation, shoemakerBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Minna - Prussia 36 yearsDuration of Residence in the City of Baltimore, 36 yearsPlace of Death, { Give street and number } Candler St 72Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate,) Weakened }Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, GreenmountDate of Burial, May 8<sup>th</sup> 1881{ Undertaker, E. P. Krause }{ Place of Business, 224 West Fayette St }**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



No. 47850

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 7/1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Ellen Cook

Sex, Male or Female, { cross out the word not required in this line. }

Age, 26 Years, 6 Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } 16 Philip Alley

Cause of Death, { First, (Primary.) } Phthisis Pulmonalis  
{ Second, (Immediate.) }

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 8, 1881

Undertaker, Charles A. White

Place of Business, 35 Granby St

A. Lloyd Shorger M. D.  
Medical Attendant.

Address, 11 S. High St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 47851

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47851

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, May 10th 1881Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Benj. F. McCluskeySex, Male or Female, { cross out the word not required in this line. }Age, 7 Years, 9 Months, — Days.Color, WhiteMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }Occupation, —Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt CityDuration of Residence in the City of Baltimore, LifePlace of Death, { Give street and number } 71 S. Collington Ave.Cause of Death, { First, (Primary,) Second, (Immediate,) } Acute Articular Rheumatism  
Cardiac FailureDuration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CtDate of Burial, May 8 1881Undertaker, E. J. H. H. H. H.Place of Business, 300 N. Central Address, 57 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[0748.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 247852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 4

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. William E. Hodg

~~Sex~~, Male ~~or Female~~, Cross out the word not required in this line.

Age, 2 Years, 6 Months, 6 Days.

Color, Columbian Sex, Male

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

113 Sarah Anne St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, May 7 1881

Frank W. Hume M. D.  
Medical Attendant.

Undertaker, J. W. Chase

Place of Business, 128 Howard St

Address

187 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 47883

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Channing Brooks

Sex, Male or Female. { Cross out the word not required in this line. }

Age, 28 Years, 2 Months, Days.

Color, Black

Married, Single, Widowed, or Widower. { Cross out the word not required in this line. }

Occupation, Dealer in rags

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 142 Sarah Ann St

Cause of Death, { First, (Primary.) Tuberculosis. Second, (Immediate.) Exhaustion

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, May 8 1881

{ Undertaker, H W Chase

{ Place of Business, 173 Howard St

R. B. Morrison M.D.,  
Medical Attendant.

Address, Balto. Genl. Dispensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47852*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 5<sup>th</sup>, 1881*

Full Name of Deceased, *Edward Bowman*, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

~~Male~~ ~~Female~~, { Cross out the words not required in this line. }

Age, *23* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, *Colored*

~~Married~~ ~~Single~~ ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Race rider*

Birthplace, { State or country (and how long in United States, if of foreign birth.) } *Baltimore*

Duration of Residence in the City of Baltimore, *All his life*

Place of Death, { Give street and number. } *No 27 Sarah Ann Street*

Cause of Death, { First (Primary.) } *Tubercular Phthisis*  
{ Second (Immediate,) } *Exhaustion*

Duration of Last Sickness, *Five months*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *May 7, 1881*

{ Undertaker, *W. Corase* }

{ Place of Business, *138 Howard St* }

Address, *No 16 N. Liberty St*

*W. H. Stern* M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47853

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

May 30 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Basil Johnson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

70

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Laborer

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

50 years

Place of Death,

{ Give street and number. }

19 Paul St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Heart Disease

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Sharp's Cemetery

Date of Burial,

May 7 1881

{ Undertaker,

S. Whase

{ Place of Business,

798 Howard

Alexander M.D.,  
Medical Attendant.

Address, Corner

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47856

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>and duly filled</sup> out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm L. Wilson

Sex, Male or Female, { cross out the word not required in this line. }

Age, - Years, - Months, 2 Days.

Color, red

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, -

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Cor Oregon & Lehigh Avenue

Cause of Death { First, (Primary.) Inanition  
Second, (Immediate,) acc to Life

Duration of Last Sickness, -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 8<sup>th</sup> 1881

Undertaker, Wm N. Hanger

Place of Business, - Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo. E. Brown Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 6. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Vacet

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months,  Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, as above

Place of Death, { Give street and number. } 18 Boring St

Cause of Death, { First (Primary.) Second (Immediate.) } Scarlatina  
Eclampsia

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial St. Alphonsus Cemetery

Date of Burial, 8 May

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

Address 128 Chew St

J. Groves M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47858

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 6<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Goran Eaton

Sex, Male or Female,

Cross out the word not required in this line.

Age,

57

Years,

Months,

Days.

Color,

Yellow

Married, Single, Widowed, or Never,

Cross out the word not required in this line.

Occupation,

Foot Black

Birthplace,

State or Country and how long in the United States, if of foreign birth.

North Carolina

Duration of Residence in the City of Baltimore,

16 years

Place of Death,

Give street and number.

University Hospital

Cause of Death,

First, (Primary)

Second, (Immediate)

Stab Wound of abdomen

Peritonitis and internal hemorrhage

Duration of Last Sickness,

3 Days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

May 8<sup>th</sup> 1881

Undertaker,

Wm J. Tiekner

Place of Business,

65 S. Eutaw St

Address,

University Hospital

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *47859*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *May 7<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Catharine Kanning*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *47<sup>yr</sup>* Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany* ✓

Duration of Residence in the City of Baltimore, *all 20 yrs*

Place of Death, { Give street and number. } *36 Holland St*

Cause of Death, { First, (Primary.) } *Suicide, Ruptured Brachial Artery*  
{ Second, (Immediate.) } *of left arm cut with scissors*  
*at elbow*  
*Sudden Death*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Balt County*

Date of Burial, *May 9/81*

{ Undertaker, *Adams & Bartlett* } *Chas Moore* M.D.,  
Medical Attendant.

{ Place of Business, *62 1/2 W. Baltimore* } Address, *67 E. Baltimore St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 710  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 3. 6. am.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas. Gebhard

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, 58 Years, Months, Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Taylor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } German

Duration of Residence in the City of Baltimore, Thirty One years.

Place of Death, { Give street and number } No. 17. South Wolf.

Cause of Death { First, (Primary,) Inflammation of the Stomach  
Second, (Immediate,) Perforation

Duration of last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 9<sup>th</sup> 81 John L. Litzer M. D.

Undertaker, Mc. Eranne Medical Attendant.

Place of Business, 280 Canton Address, No 160. Saratoga

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 47861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *May 2/81*

Full Name of Deceased, *Conrad Wolf* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *65* Years, *3* Months, *11* Days.

Color, *white*

*Married*, *Single*, *Widow* or *Widower*, { Cross out the word not required in this line. }

Occupation, *Wagoner*

Birthplace, *Germany* { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *39 yrs*

Place of Death, *158 Chesapeake St.* { Give street and number. }

Cause of Death, *General Anasarca* { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 10 1881*

Undertaker, *Leonard V. Verry*

Place of Business, *117 S. Broadway*

Medical Attendant, *R. W. Mansfield M.D.*

Address, *117 S. Broadway*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ~~deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 6<sup>th</sup> 1881

Full Name of Deceased, <sup>{ Write legibly and spell correctly. If an Infant not named, give names of parents. }</sup> Rachel Prescoe

Sex, ~~Male~~ or Female, <sup>{ cross out the word not required in this line. }</sup>

Age, 80 Years,        Months,        Days.

Color, colored

~~Married~~, Single, Widow or ~~Widower~~, <sup>{ Cross out the word not required in this line. }</sup>

Occupation,       

Birthplace, <sup>{ State or country, (and how long in the United States, if of foreign birth. }</sup> Balto Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, <sup>{ Give street and number }</sup> 242 Preston St

Cause of Death <sup>{ First, (Primary.)</sup> Senile Decay

<sup>{ Second, (Immediate.)</sup>

Duration of last Sickness,       

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, May 8<sup>th</sup> 1881 John A. Stump M. D.

{ Undertaker, Hensley & Madden

{ Place of Business,       

Address, Comm of Health

& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Beverly Digg

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Enson

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, 60 Years,  Months,  Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Plasterer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 38 Somerset

Cause of Death { First, (Primary,) Second, (Immediate,) } Bronchitis

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, May 7<sup>th</sup> 1881 E. B. Fenty M. D.

Medical Attendant.

Undertaker, J. A. Parnum

Place of Business, 97 Orleans Address, 319 N. Central Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. POLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47864

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, May 6<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Gray

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Brick maker ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Calvert Co Md

Duration of Residence in the City of Baltimore, Since 24 months

Place of Death, { Give street and number. } Back of - 255 Hughes St

Cause of Death, { First, (Primary.) Apoplexy  
Second, (Immediate.) "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 8<sup>th</sup> 1881

{ Undertaker, Saml W. Chas. Coroner, Dr. Beece M.D., Medical Attendant.

{ Place of Business, Address, 161 La Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death,

May 7 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Arnold Robinson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 2 Months, 20 Days

Color, colored Sex, male

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

11 N. Parrish St  
Congestive chill

Cause of Death, { First (Primary,) Second (Intermediate,)

Duration of Last Sickness,

6 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 8<sup>th</sup> 1881

Underliaker, Wm. V. Dwyer

Place of Business, No 62. East St

Jos. Jordan M. D.  
Medical Attendant.

Address 126 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the numerous blanks, and to list of diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

47866

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

May 7<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Effie E. Gellies

Sex, ~~Male~~ Female,

Cross out the word not required in this line.

Age,

Years,

4

Months,

25

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give street and number.

29 W. Wolf St. near Madison

Cause of Death,

First, (Primary.)

Catasthal Pneumonia

Second, (Immediate.)

Asphyxia

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 9

G. F. Jayson

M.D.,

Medical Attendant.

Undertaker,

Jayson

Place of Business,

222 N. Broadway

Address, 222 N. Broadway

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 47867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

May 7th, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie R. S. Kelley  
Ferrall

Sex, Male or Female,

Cross out the word not required in this line.

Age,

28

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Married

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

13 Bradford St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Phtisis Pulmonalis  
as the cause

Duration of Last Sickness,

Nine (9) Months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 9th 1881

Undertaker,

Wm. Gilmeyer

Place of Business,

341 Canton St.

Address,

Wm. Gilmeyer

G. L. Watkins M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47868*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

*May 6<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

*Mary Jane Anderson*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

*42* Years,

Months,

Days.

Color,

*white*

Sex,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

*Baltimore*

Duration of Residence in the City of Baltimore,

*all her life*

Place of Death, { Give street and number. }

*183 N. Calvert St.*

Cause of Death, { First (Primary), Second (Immediate), }

*Pulmonary Consumption*

*Pulmonary Haemorrhage*

Duration of Last Sickness, *unknown; she was first seen by me March 1<sup>st</sup> 1881*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

*J. B. Chubb* M. D.  
Medical Attendant.

Date of Burial, *9<sup>th</sup> May 1881*

{ Undertaker, *A. W. Jenkins & Son* Address *141 Lombard St.*  
Place of Business, *75 N. Charles St.*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *47869*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *May 6th*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Maria Paraway*

~~Male~~ Female, Cross out the word not required in this line.

Age, *76* Years, *2* Months, *5* Days.

Color, *Colored* Sex, *Female*

~~Married~~ Single, Widow ~~Widow~~, Cross out the words not required in this line.

Occupation, *House*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Namard Co Maryland*

Duration of Residence in the City of Baltimore, *50 years*

Place of Death, Give street and number. *93 Raybrough St*

Cause of Death, First (Primary), Second (Immediate). *Chronic Bronchitis*

Duration of Last Sickness, *6 months*

All the above information should be furnished by the Physician.

Place of Burial, *Laural Cemetery* *Frank W. Munson* M. D.

Date of Burial, *May 8* Medical Attendant.

Undertaker, *John H. Owens* Address *187 Saratoga St*  
Place of Business, *225 Centaw*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No 47870

The Special Attention of Pl

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julius Bock

Sex, Male or Female, { cross out the word not required in this line. }

Age, 56 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany 27 years in U.S.

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number } 322 E Monument

Cause of Death, { First, (Primary.) Valvular disease of heart & Bright's disease  
Second, (Immediate,) Convulsions given by Dr Pape

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 9<sup>th</sup> Edmund R. Waller M. D. Medical Attendant.

{ Undertaker, Geo. Schilling

{ Place of Business, Ashland Square Address, 183 Duane St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47871

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 6<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ruth Mantel

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 2 Years,

11

Months,

Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore, Ind.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

278 Chew St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Membranous Croup

Duration of Last Sickness,

About one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 8<sup>th</sup> 1881

Undertaker, Gentry & Maden

Place of Business, # 116 Arch St

R. L. Catell M.D.,  
Medical Attendant.

Address, # 116 Arch St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47872

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 6. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Black

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 48 Years, Months, Days.

Color, white,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Thirty yrs.

Place of Death, { Give street and number. } 75 Hampstead St.

Cause of Death, { First, (Primary.) Cirrhosis of Liver  
Second, (Immediate.) Hemorrhage

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, May 8th

Undertaker, W. T. Tipton

Place of Business, 151 Bond St.

H. G. Luck M.D.,  
Medical Attendant.

Address, 2219 Rush St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the following regulations, and to the fact that this Certificate is required for the burial of the deceased.

## Board of Health, City of Baltimore,

Permit No. *47873*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *May 7th, 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Videtski.*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *6* Months, *0* Years, *0* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *✓*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany.*

Duration of Residence in the City of Baltimore, *Since Birth.*

Place of Death, { Give street and number. } *# 10 & 12 Shakespeare St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pneumonia accompanied by Measles.*

Duration of Last Sickness, *Four days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Stephen's Church*

Date of Burial, *May 8*

Undertaker, *W. J. Phipps*

Place of Business, *141 S. Bond*

Address, *# 243 Alice Anna St.*

*John H. Rehberger* M.D.,  
Medical Attendant.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks section, and to List of Diseases on back of this certificate.

10 **Board of Health, City of Baltimore,**

Permit No. **47874** OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

**CERTIFICATE OF DEATH.**

Date of Death, *May 7<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Richard C. Routings*

~~Sex~~, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Thirty seven* Years, Months, Days.

Color, *White* Sex,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Grain Broker*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Anne Arundel Co Maryland*

Duration of Residence in the City of Baltimore, *17 years*

Place of Death, { Give street and number. } *Franklin St No 88 1/2 Baltimore*

Cause of Death, { First (Primary,) Second (Immediate,) } *Bronchitis Actin Congestion of Lungs*

Duration of Last Sickness, *10 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore* *L. Machuga* M. D.

Date of Burial, *May 9/81* Medical Attendant.

{ Undertaker, Place of Business, } *Judith M. Mawer* Address *67 Franklin Street*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47875

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ida May Johnson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 4 Years, — Months, 14 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balls Md.

Duration of Residence in the City of Baltimore,

Whole Life

Place of Death, { Give street and number }

267 Forest St

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Scarlet Fever

Acute Phthisis

8 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balls Cemetery

Date of Burial, May 9<sup>th</sup> 1881

Silas W. Hunter M. D.

Medical Attendant.

{ Undertaker, Jas P. Byrnes

{ Place of Business, Forest St Near

Address, 36 Greenmount Ave

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

## Board of Health, City of Baltimore,

Permit No. 47876

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

May 6<sup>th</sup> 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

James Horan

Sex, Male or Female,

Cross out the word not required in this line.

Age,

4

Years,

2

Months,

15

Days.

Color,

W

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

(State or Country and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

(Give street and number.)

2 Slemmers Alley

Cause of Death,

First, (Primary.)

Accident -

Second, (Immediate.)

Exhaustion

Duration of Last Sickness,

abt 8 days

All the above information should be furnished by the Physician.

Place of Burial,

St Vincent Cemetery

Date of Burial,

May 8<sup>th</sup>

Undertaker,

Mr. Funk

Place of Business,

35 Bank

Address,

63 E Baltimore

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 47877  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

May 7<sup>th</sup> 1887

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Infant of (Mary Mallinns)

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age,

Years,

Months,

5

Days.

Color, red

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)}

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, {Give street and number}

104 Druid Hill Ave  
Lockjaw & Spasms

Cause of Death

First, (Primary.)

Second, (Immediate.)

Life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

May 8<sup>th</sup> 1887

Undertaker,

S. W. Chase

Place of Business,

Home Hill St

Address,

Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo. E. Brown

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 7, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Rotina

Sex, Male or Female, { cross out the word not required in this line. }

Age, 44 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } \_\_\_\_\_

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, { Give street and number } 46 N. Washington St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Phthisis

Duration of last Sickness, Not Known

All the above information should be furnished by the Physician.

Place of Burial, St. Stephen's Church

Date of Burial, May 9th 1881 J. H. Leallenberg M. D. Medical Attendant.

Undertaker, G. A. Miller

Place of Business, 216 E. Baltimore St. Address, 319 E. Baltimore St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47879

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry F. Hamilton

Sex, Male ~~Female~~, { cross out the word not required in this line. }

Age, Years, Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

415 N. Fremont St

Cause of Death { First, (Primary.) Second, (Immediate.) }

Spasms

Duration of last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial, May 8<sup>th</sup> 1881

Undertaker, J. C. Hough

Place of Business,

320 Center Ave

Address, 92 Mosher St

Chris Fawcett M. D.  
Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47880

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 7<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Wilson*

Sex, Male or Female, { cross out the word not required in this line. } *Male*

Age, *Five* Years, *Seven* Months, *13* Days.

Color, *Black*

Married, Single, Widowed or Widower, { Cross out the word not required in this line. } *Single*

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Balto*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give street and number } *187 West St.*

Cause of Death { First, (Primary.) Second, (Immediate.) } *Measles*  
*Pneumonia*

Duration of last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp cemetery*

Date of Burial, *May 8<sup>th</sup> 1887*

Undertaker, *Geo. W. Perkins & Co.*

Place of Business, *130 Annuletta* Address, *1705<sup>th</sup> Sharp St.*

*Wm. Lumbert M. D.*  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47881

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

May 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Agnes Dowell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balk

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give street and number. }

21 Henrietta St

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Phthisis

Duration of Last Sickness,

10 months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 9<sup>th</sup>

Medical Attendant.

{ Undertaker,

B. Harle

{ Place of Business,

No. 82 West Street

Address, 146 Howard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47882

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, May 8

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Reed

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 11 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } D.C.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 688 Light St.

Cause of Death, { First, (Primary.) Rubella }  
{ Second, (Immediate.) Croup }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 10

Undertaker, J. H. [illegible] M.D.,

Medical Attendant.

Place of Business, 82 West [illegible] Address, 313 Light St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 47883  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 8, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Redeman

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 6 Years, 6 Months, 25 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 129 Forrest street

Cause of Death { First, (Primary,) Scarletina  
Second, (Immediate,) Dropsy

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 10 - 81

{ Undertaker, Ulrich Schmiedt

{ Place of Business, 263 Eager St

J. J. Litzner M. D.  
Medical Attendant.

Address, 160 Saratoga str.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47884

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 8<sup>th</sup> May at 1 P. M.Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Henry BenyesSex, Male or Female, { cross out the word not required in this line. } MaleAge, 2 Years, 1 Months, 12 Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } ChildOccupation, noneBirthplace, { State or country, (and how long in the United States, if of foreign birth. } 102 St. Peters StreetDuration of Residence in the City of Baltimore, all lifePlace of Death, { Give street and number } 102 St. Peters StreetCause of Death { First, (Primary,) Diphtheria  
Second, (Immediate,) 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CemeteryDate of Burial, May 9<sup>th</sup> D. C. Richardson M. D.  
Medical Attendant.{ Undertaker, F. T. Toll{ Place of Business, 131 Howard St. Address, Lombard & Frederick St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the fact that this Certificate is not valid unless it is signed by the Physician who attended the deceased, and is filed in the Office of the Registrar of Vital Statistics, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

## Board of Health, City of Baltimore,

Permit No. 47885

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, May 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Clarke

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 25<sup>8</sup> Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Undertaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, { Give street and number. } 92 S. Ann St.

Cause of Death, { First, (Primary.) Cerebral Haemorrhage }  
{ Second, (Immediate.) }

Duration of Last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, May 10 1881

{ Undertaker, J. G. Hughes }  
Medical Attendant, J. E. Dinnelle M.D.

{ Place of Business, 60 E. Balto. St. } Address, 37 E. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47886

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

May 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John C. Garret -

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 11 Months, Days.

Color, white.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number. }

3 Watson St  
Scrub Fever

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, May 10 1881

J. W. Hock

M.D.,

Medical Attendant.

Undertaker, James D. Byrne

Place of Business, No 63 N Front St Address, 75 E. Balt. St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47887

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

May 8th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edgar Freeman Ballard

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Three

Years,

Six

Months,

five

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

None

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give street and number. }

No 150 Townsend St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Diphtheria

Duration of Last Sickness,

About ten days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 9th 1881

Elias C Price M.D.,  
Medical Attendant.

Undertaker,

John Moscher

Place of Business,

No 150 Townsend St

Address,

262 Meadison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47888

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, May 8, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Mallon

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 78 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 53 years

Place of Death, { Give street and number. } 468 W Lexington St

Cause of Death, { First, (Primary.) Cancer of Breast - but death  
Second, (Immediate.) Rupture due to age and infirmities

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Broun

Date of Burial, May 10th 1881

{ Undertaker, Henry Jenkins & Son

{ Place of Business, 70 N Charles St Address, 189 N Howard St

Richard M. Henry M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *47889*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 9<sup>th</sup> 1887.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Peter Meyer.*

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, *62* Years, Months, Days.

Color, *White* Sex,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Merchant*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *40 Years*

Place of Death, { Give street and number. } *189 North Gay*

Cause of Death, { First (Primary), Second (Immediate), } *Malignant Tumor*

Duration of Last Sickness, *Several Months*

All the above information should be furnished by the Physician.

Place of Burial, *Lyd. A. Helbrecht Co. F. J. Miles* M. D.

Date of Burial, *May 11<sup>th</sup> 1887* Medical Attendant.

Undertaker, *Wm. E. E. E. E.*

Place of Business, *101 Gough St* Address *24 Cathedral St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Hunt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 82 Years, Months, Days.

Color, White Sex, Married

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Ireland

Duration of Residence in the City of Baltimore, 75 years

Place of Death, { Give street and number. } No 239 N Caroline St

Cause of Death, { First (Primary,) Second (Immediate,) } Bronchitis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. H. Bolton M. D.

Date of Burial, May 10<sup>th</sup> 1881 Medical Attendant.

Undertaker, John Lape Address, J. E. Gay + Caroline St

Place of Business, 1614 Balto St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *47891*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *May 2<sup>nd</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Theodor Arnold*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *abt 30* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *w*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Widower* ✓

Occupation, *Cypherman*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } *Shoppers Whf part of No 8 & 3 Drained*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Sudden Death*

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, *G.P. Cemetery*

Date of Burial, *May 8*

{ Undertaker, *Patriot Mullin*

{ Place of Business, \_\_\_\_\_

Address, *67 E. Baltimore St*

*C. M. Moffat* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 47892

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 8, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Jm. G. Snowden

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balt.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

842 W. Balch st

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Transition

Duration of Last Sickness,

Since Birth

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

May 9 1881

Undertaker,

H. W. Chase

Place of Business,

198 Howard st

Address,

146 Howard st

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47893

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, May 9, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levi Mayfield

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 74 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Blacksmith

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 47 Pennsylvania Avenue

Cause of Death { First, (Primary.) Chronic Gastritis  
Second, (Immediate,) anemia

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, 10th April

Undertaker, C. Blizzard

Place of Business, 47 Penna Ave

Medical Attendant, Marbury Brewer M. D.

Address, 18th & Calver St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is respectfully invited to the importance of having this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

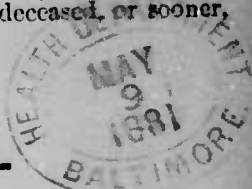
# Board of Health, City of Baltimore,

Permit No. 47894

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

May 8th 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Ann Shearer

Sex, Male or Female.

Cross out the word not required in this line.

Female

Age,

77

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Widow

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Scotland

Duration of Residence in the City of Baltimore,

51 Years

Place of Death,

Give street and number.

11 Constitution St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Senility, &c.

Duration of Last Sickness,

Declining several months

All the above information should be furnished by the Physician.

Place of Burial,

Glendia Cemetery

Date of Burial,

May 10th

Undertaker,

George Schilling

Place of Business,

Island Square

D. M. Cathell

M.D.,

Medical Attendant.

Address,

213 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47895

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased; or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, May 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Airey James Offutt

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 49 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Montgomery Co Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number } 450 Mulberry St

Cause of Death { First, (Primary,) Apoplexy (Cerebral)  
Second, (Immediate,) }

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Travis Park Cemetery~~

Date of Burial, May 10 J. H. Linn M. D.

Medical Attendant.

{ Undertaker, J. B. Cook }

{ Place of Business, 407 West Pratt Address, 16 St Paul St }

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully directed to the fact that this is a Certificate of Death, and not a Certificate of Burial.

## Board of Health, City of Baltimore,

Permit No. 47896

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

5th May 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rebecca Taylor

Sex, ~~Male~~ or Female. { Cross out the word not required in this line. }

Age, 54 Years,

Months,

Days.

Color,

W

Married, ~~Single~~, Widow or Widower. { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Ind

Duration of Residence in the City of Baltimore,

25 yrs

Place of Death, { Give street and number. }

82 Harmon

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Paralysis

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore~~, ~~Country~~

Date of Burial, May 10th, 1881

H. W. Meloy

M.D.,

Medical Attendant.

{ Undertaker, C. J. Keane

{ Place of Business, Harmon & Co. Address, 57 Barr

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47897

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Margaret Johnson*

Sex, Male or Female, { cross out the word not required in this line. }

Age, *28* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *Caucasian*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Virginia*

Duration of Residence in the City of Baltimore, *5 years*

Place of Death, { Give street and number } *78 Rubing St*

Cause of Death { First, (Primary.) *Consumption*  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Levee Cemetery*

Date of Burial, *May 9 1881*

Undertaker, *William H. Brown*

Place of Business, *No 62 East St* Address, *150 N. Eutaw St*

*J. A. Gillies M. D.*  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore.

Permit No. 47898

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 7<sup>th</sup> 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Harry Wesley Lidell

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, six days Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. 18 Morris St Baltimore

Duration of Residence in the City of Baltimore, six days

Place of Death, Give street and number. 18 Morris St

Cause of Death, First, (Primary.) Collapse Lungs  
Second, (Immediate.) Apoplexy

Duration of Last Sickness, Twelve hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 9<sup>th</sup>

T. P. McCormick M.D.,  
Medical Attendant.

Undertaker, John Teufel

Place of Business, 40786 w Balto Address, 454 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death,

May 9, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lola Lurannah Schuchter

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 14 Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

32 Spring Row

Cause of Death, { First (Primary),

Meningitis

Second (Immediate),

Duration of Last Sickness,

22 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 10, 1881

Undertaker, Denny & Mitchell

Place of Business, S Broadway

Charles H. Thomas, M. D.

Medical Attendant

Address 85 E Baltimore St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47900

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 7 12 p.m.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Conrad Ludwig Weil

Sex, Male or Female, { cross out the word not required in this line. }

Age, 76 Years, 6 Months, 1 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Germani

Duration of Residence in the City of Baltimore, Thirty

Place of Death, { Give street and number }

259 98 South Durham

Cause of Death { First, (Primary.) }

Old Age

{ Second, (Immediate.) }

Apoplexy

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, May 9th 1881

{ Undertaker, Casper Eckhardt }

{ Place of Business, 269 Canton Ave }

John J. Liber M. D.  
Medical Attendant,

Address, 160 Saratoga.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47901

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**Permit No. 47901

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, May 8<sup>th</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Julia Cornelia Schafer

Sex, Male or Female, { cross out the word not required in this line. }

FemaleAge, Four Years, Eleven Months, Twenty Three Days.Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. ) } BaltimoreDuration of Residence in the City of Baltimore, Life TimePlace of Death, { Give street and number } No. 318 East Madison StreetCause of Death, { First, (Primary,) Second, (Immediate,) } DiphtheriaDuration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CemeteryDate of Burial, May 10<sup>th</sup> 1881Wm H. Kelendiney, M. D.  
Medical Attendant.{ Undertaker, Henry Schuch }{ Place of Business, 308 N. Broadway } Address, No 102 N Broadway**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore.

Permit No. 47902

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 7, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Bernard Mott

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 3 Months,        Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,       

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number. } 199 E. 56 St

Cause of Death, { First, (Primary.) Scarlatina  
Second, (Immediate.) Pneumonia }

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. James Ch

Date of Burial, May 9, 1881

Undertaker, Henry Brock

Place of Business, 107 N. Central

Geo. A. Hartman M.D.,  
Medical Attendant.

Address, 305 N. Carroll St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

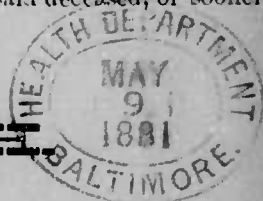
Permit No. 47903

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, May 7, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Schmidt

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 69 Years, Months, Days.

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, { Give street and number. } N. E. Cor. Baltimore & Wolcott

Cause of Death, { First, (Primary.) Dilatation of Heart  
Second, (Immediate.) }

Duration of Last Sickness, Two months & days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 9th 1881

{ Undertaker, Henry Hoeck

{ Place of Business, 309 Central Ave. Address, S. W. Corner of Read St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 47904

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bettie Friedman

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 83 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany (42 yrs)

Duration of Residence in the City of Baltimore, 42 years

Place of Death, { Give street and number } 150 Canton Avenue

Cause of Death { First, (Primary.) Paralysis  
Second, (Immediate,) Senile Decay ✓

Duration of last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Heb. Cemetery

Date of Burial, May 9<sup>th</sup> 1881 James A. Stuart M.D.  
Medical Attendant.

{ Undertaker, William E. Shaw

{ Place of Business, Address, Comm. of Health Registrar

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DOLAN &amp; CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor [OVER.]

# Board of Health, City of Baltimore,

Permit No. 47905

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 9<sup>th</sup> 1881

{ Undertaker, M. Franer

{ Place of Business, 280 Canton

Address,

M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 47906

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 8/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Battasius Suckert

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 14 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, { Give street and number. } 100 Thames

Cause of Death, { First, (Primary.) Second, (Immediate.) } Acute Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 10<sup>th</sup> '87

Undertaker, Mr. Francis

Place of Business, 283 Canton Ave

R. W. Mansfield M.D.,  
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 47907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

(No Permit for Burial Can be Obtained Without a Proper Certificate.)

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, About 45 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, University Hospital

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 10th 1887

Undertaker, Adam Weidemeyer

Place of Business, 378 N. Baltimore Address, University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 27  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 7 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alice Johnson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 9 Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 105 S. Spring St

Cause of Death { First, (Primary,) Cold  
Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10 1881

Undertaker, C. O. White

Place of Business, Broadway St Address, Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence M. Byrd

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, 5 Years, 3 Months, 15 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balto City

Duration of Residence in the City of Baltimore, 5. 3. 15.

Place of Death, { Give street and number. } 73 William St.

Cause of Death, { First (Primary,) Diphtheria }  
{ Second (Immediate,) 14 days } ✓

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park

Date of Burial, May 10<sup>th</sup> 1881

{ Undertaker, Armstrong & Son }  
{ Place of Business, 263 Light St }

Address, R. C. Lee M.D. Medical Attendant.  
Narrow T. Barn St.

#### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore.

Permit No. 47910

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 9, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estella R. Snow.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 23, Years, Months, Days.

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } N.W. Corner John & Caroline Sts.

Cause of Death, { First, (Primary.) Chestnut  
Second, (Immediate.) Septicemia, } ✓

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 11<sup>th</sup> 1881

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St. Address, 75 E. Balto St.

Medical Attendant, J. W. Hock M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 9<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

George Shaffer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 73 Years,

Months,

Days.

Color,

white

Married, ~~Single~~, Widow ~~or Widower~~, { Cross out the words not required in this line. }

Occupation,

Clerk

Birthplace, { State or country (and how long in the United States, if of foreign birth. ) }

Carroll County Md

Duration of Residence in the City of Baltimore,

20 years

Place of Death, { Give street and number. }

Car Lane & Carey

Cause of Death, { First (Primary,) Second (Immediate,) }

ancholepy

Duration of Last Sickness,

6 days

All the above information to be furnished by the Physician.

Place of Burial,

Mount Olivet

Date of Burial,

10 May

W. H. Murray

M. D.

Medical Attendant.

Undertaker,

J. B. H. H. H.

Place of Business,

341 Pen a

Address

26 2 Paca

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47912

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

May 8<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Edward Fitzpatrick

Sex, Male or ~~Female~~,

Cross out the word not required in this line.

Age,

41

Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Laborer

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Ireland

Duration of Residence in the City of Baltimore,

19 yrs.

Place of Death,

Give street and number.

University Hospital

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Carcinoma of Stomach  
Dyspnoea from exudation  
Three months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross Cem.

Date of Burial,

May 10<sup>th</sup> 1881

C. W. Mitchell M.D.,

Medical Attendant.

Undertaker,

Chas. J. Scrivener

Place of Business,

271 N. E. St.

Address,

University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47913

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare Cemetery

Date of Burial, May 9th

Undertaker, Jas Armstrong

Place of Business,

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

5114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 7th 1891

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Florence Cornish

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 11 Months, 7 Days.

Color, Col Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 44 Sarah Ann St. Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No 1 Mulberry Alley

Cause of Death, { First (Primary,) Adontitis  
Second (Immediate,) Encephalitis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9th 1891

{ Undertaker, Henry W. Madden  
Place of Business, 116 Arch St. - Address No 134 Pearl St.

James L. Fulton M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47918

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 9/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leah Owens

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 83 Years, Months, Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Worcester co. Md.

Duration of Residence in the City of Baltimore, 67 years.

Place of Death, { Give street and number. } 112 Bank St.

Cause of Death, { First, (Primary.) Acute Pneumonia  
Second, (Immediate.) }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 11/87

Undertaker, The Bros

Place of Business, 134 W Broadway Address, 117 S. Broadway

R. W. Mansfield M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 9<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mrs. Mary Schloemann

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 31 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Four years

Place of Death, { Give street and number } S. E. Cor. Hamburg & Leadenhall St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Kiss carriage  
Hemorrhage

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 10 May 1881

Undertaker, Heinrich Brille

Place of Business, Anneta St. 81 Address, 170 S. Sharp St.

J. M. Gornel M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47917

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 8/89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Sonohue

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 12 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 101 Bank St.

Cause of Death, { First, (Primary.) Cerebro Spinal Meningitis }  
{ Second, (Immediate.) }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Cemetery

Date of Burial, May 10<sup>th</sup>

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

Medical Attendant, R. W. Mansfield M.D.,  
Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below and to Act or Omit on each of the Certificates.

## Board of Health, City of Baltimore,

Permit No. 47918

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, *May 9th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Wilhelmina Infancy*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *30* Years, *11* Months, *22* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since birth*

Place of Death, { Give street and number. } *219 N Bond Street*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Phthisis Pulmonalis*  
*Atelectasis*

Duration of Last Sickness, *Three years*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Locust St*

Date of Burial, *May 11 at 10 o'clock*

Undertaker, *James Muller*

Place of Business, *21 Harrison* Address, *725 E. Pratt St*

Medical Attendant, *Richardson M.D.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47919

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47919

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 9<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William M. Long

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 33 Years, 8 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Bricklayer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 9 Bond St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Mania - a - pota

Duration of last Sickness, over 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Evening May 10<sup>th</sup> J. C. Burch M. D.

Undertaker, B. Hearley Medical Attendant,

Place of Business,  Address, 15 S. Main St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 47920

## Board of Health, City of Baltimore,

Permit No. 47920

OFFICE OF REGISTER OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 8 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ernest Wilson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 Years, 2 Months, 14 Days.

Color, ~~E.C.~~

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 2' Parish ally betw Manchester & Pat Ave

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 2' Parish ally.

Cause of Death, { First, (Primary.) Consumption of Lungs  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 10 1881

Undertaker, Wm C. H. Dungee

Place of Business, 4062 East 44

G. H. Morris M. D.  
Medical Attendant

Address, 6062 East 44

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 47921

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

May 8-1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Elizabeth Thomas

Sex, ~~Male~~ or Female.

Cross out the word not required in this line.

Age, ~~Twenty-eight~~ Years,

Months,

Days.

Color,

Dark

~~Married~~, ~~Single~~, Widow or ~~Widower~~.

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Annapolis Md

Duration of Residence in the City of Baltimore,

Fifty-six years

Place of Death,

Give street and number.

No 47 Orchard St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Old Age  
General debility -

Duration of Last Sickness,

About three months

All the above information should be furnished by the Physician.

Place of Burial,

Larch Cemetery

Date of Burial,

May 10-1881

Undertaker,

John B. Jordan

Place of Business,

126 B. B. Rd

Address,

87 W. 1st St

J. S. Green

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47922

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47922

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth B. Allen

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 52 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Seanstrop

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give street and number } 28 Gough st

Cause of Death, { First, (Primary.) Moribund when called }  
{ Second, (Immediate,) } Heart.

Duration of last Sickness, Very Short.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 11th

Undertaker, J. S. Conner M. D. Medical Attendant.

Place of Business, 35 Bank St. Address, 53 S. Eolent St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. & C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[074R.]

Board of Health, City of Baltimore,

Permit No. 47923

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, Days.

Color, w

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 11, 1891

Undertaker, J. H. Smith & Co.

Place of Business, 318 Light St.

Address, 318 Light St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47924

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } F. William Blaich -

Sex, Male or Female, { cross out the word not required in this line. } Male -

Age, 28 Years, Months, 6 Days.

Color, white -

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Cake Baker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life -

Place of Death, { Give street and number } 177 E. Monument St -

Cause of Death { First, (Primary.) Congestion of Brain. Second, (Immediate,) convulsions -

Duration of last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 11<sup>th</sup> Irving Miller M. D.

Medical Attendant.

{ Undertaker, Geo. Schilling

{ Place of Business, 179 E. Monument St, Address, 179 E. Monument St,

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. G. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 9 " 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Freeman

Sex, Male ~~Female~~ { cross out the word not required in this line. }

Age, 7 Years, 7 Months,        Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore City -

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 103 Chestnut St

Cause of Death, { First, (Primary,) Second, (Immediate,) } Dementia

Duration of last Sickness, always sickly

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10 " 1881 James H. Smith M. D. Medical Attendant.

Undertaker, A. Wayman

Place of Business, Saratoga Address, Commodore St  
W. Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

James H. Smith [OVER.]



No. 47926

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Bantam

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 6 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Colored,   

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } Mullikin Court No 4

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scrophulous  
Scrophulous & membranous

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10<sup>th</sup> 1881

E. C. Baldwin M. D.  
Medical Attendant.

{ Undertaker, A. Wayman

{ Place of Business, 13 Saratoga

Address, 124 N. Euterpe St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 9 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel E. Honey (Parents)

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 1/6 Days

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 17 Burke St

Cause of Death { First, (Primary.) Premature Birth  
Second, (Immediate.) as the result

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 10 1881

Undertaker, M. A. Saigie

Place of Business, 37 Broadway Address, Comm of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 10th, 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Saml. Smith

Sex, Male or ~~Female~~, (cross out the word not required in this line.)

Age, 4 Years, 2 Months, 26 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the word not required in this line.)

Occupation, \_\_\_\_\_

Birthplace, (State or country, (and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, (Give street and number) 88 1/2 N. Baltimore St.

Cause of Death First, (Primary.) Diphtheria.  
Second, (Immediate.) Apnoea

Duration of last Sickness, 4 days  
All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, May 11<sup>th</sup> 1881 W. P. Bates M. D.  
Medical Attendant.

Undertaker, Henry W. Means

Place of Business, 16 N. Gay St. Address, 1 1/2 S. Euter St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore.

Permit No. 47929

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, May 9<sup>th</sup>, 1881

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Lillian J. Carr

Sex, Male or Female, Cross out the word not required in this line.

Age, 5 mos - Years, 19 - Months, 19 - Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. Balto - City -

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 214 Calhoun St -

Cause of Death, First, (Primary.) Tubercular Meningitis -  
Second, (Immediate.)

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 11, 1881

R. W. Goldsmith - M.D.,  
Medical Attendant.

Undertaker, James P. Pym

Place of Business, No 63 N Pratt St Address, Harlem and Calhoun St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



# Board of Health, City of Baltimore,

Permit No. 47930

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 8, 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Martha P. Murphy

Sex, Male or Female,

Cross out the word not required in this line.

Age,

14 Years,

8

Months,

Days.

Color,

white,

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

School Girl  
Balt. Md.

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

since birth

Place of Death,

Give street and number.

St. George R.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia  
Exhaustion  
Four months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount Cemetery

Date of Burial,

May 11<sup>th</sup> 1887

G. G. Lusk M.D.,  
Medical Attendant.

Undertaker,

W. A. Dargatz

Place of Business,

74 S. Broadway

Address,

Balt. & Phila. Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47931

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, 7<sup>th</sup> May 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm G. Wilmer.

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, Forty-nine (49) Years, Months, Days.

Color, white.

Married, Single, Widowed ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, { Give street and number. } 59 N. Green St.

Cause of Death, { First, (Primary.) Intestinal Diseases, Stomach, Liver, & Mesenteric { Second, (Immediate.) enlargement of S. & C. choroids of L. & thickening of the Distention of Abdomen producing exhaustion.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Co.

Date of Burial, May 10/81

Undertaker, Stewart & Son

Place of Business, 35 Park Address, 47 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 47932

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, / Years, 6 Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 10th 1881

Undertaker, Julius Koehler

Place of Business, Harper Cross

Address,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47933

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 10th, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Josephine Korodska*

Sex, Male or Female, { Cross out the word not required in this line. } *Female.*

Age, *One Year,* *—* Months, *—* Days.

Color, *White.*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany.*

Duration of Residence in the City of Baltimore, *Two weeks.*

Place of Death, { Give street and number. } *# 66 Thames St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pneumonia & Measles.*

Duration of Last Sickness, *Eight days.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Plinius Cem.*

Date of Burial, *May 11*

Undertaker, *W. Dippel*

Place of Business, *157 S Bond*

Medical Attendant, *John H. Rehberger M.D.,*

Address, *# 243 Alice Street.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47934

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 9 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } 7 Bartholomew Woolford

Sex, Male or Female, { cross out the word not required in this line. }

Age, 79 Years,      Months,      Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Carter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Cambridge m

Duration of Residence in the City of Baltimore, Six one years.

Place of Death, { Give street and number } Henrietta St 2<sup>nd</sup> door from corner

Cause of Death, { First, (Primary.) } Necrosis of Heart  
{ Second, (Immediate,) } Senile Decay

Duration of last Sickness, 13 years.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, May 11 - 1881

Undertaker, Geo W Perkins

Place of Business, Commissioner of Health and Registrar

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

Ex G. Geo E. Tindling

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 8<sup>th</sup> 1881, MAY 10 1881 BALTIMORE

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Travers.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 70 Years, Months, Days.

Color, white Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Dorchester County, Maryland

Duration of Residence in the City of Baltimore, Five weeks

Place of Death, { Give street and number. } 225 E. Baltimore Street

Cause of Death, { First (Primary,) Apoplexy  
Second (Immediate,) } V

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto. County, A. J. Bull M. D.

Date of Burial, May 11<sup>th</sup> 1881 Medical Attendant.

{ Undertaker, Denny & Mitchell Address 234 Madison Avenue  
Place of Business, 550 W. Fayette St }

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47936

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

May 9<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ella Amanda Barnes

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

5

Years,

3

Months,

14

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

lifetime

Place of Death,

{ Give street and number. }

293 Carroll St

Cause of Death,

{ First, (Primary.) }

Muscle & Diphtheria

{ Second, (Immediate.) }

Apnoea

Duration of Last Sickness,

9 Days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cem

Date of Burial,

May 11<sup>th</sup> 1881

{ Undertaker,

Wm J. Tickner

{ Place of Business,

65 S. Euston St

Address,

343 N. Lombard St

A. W. C. Allen M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 10<sup>th</sup> 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Scully

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 18 Years, 1 Months, 21 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Painter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number } 121 Barre St.

Cause of Death { First, (Primary.) } Laryngeal  
{ Second, (Immediate.) } Phthisis

Duration of last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 12<sup>th</sup> 1881

Undertaker, Joseph F Byrne

Place of Business, 59<sup>th</sup> Liberty Address, 108 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



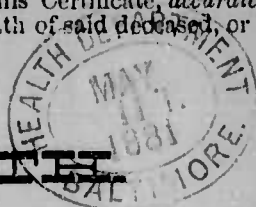
# Board of Health, City of Baltimore,

Permit No. 47938

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, May 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann J. Biddee

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 19 Years, 4 Months, 19 Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } ☒ Married

Occupation, Servant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, { Give street and number. } # 235 Dover St

Cause of Death, { First, (Primary.) } Phthisis Pulmonalis  
{ Second, (Immediate.) } "

Duration of Last Sickness, About 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, May 11 1881

{ Undertaker, W. H. Chase } { Medical Attendant, Dr. J. B. Bell M.D., Coroner Geo. Dietrich } Address, 161 So. Sharp St

{ Place of Business, 198 Howard St }

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 47939

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 12 Morris Alley 8<sup>th</sup> May 1881 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary Bantem

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, About 60 - Years, 11 Months, Days.

Color, Dark Brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Washer woman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number } 12 Morris Alley

Cause of Death { First, (Primary,) Sudden failure of heart action  
Second, (Immediate,) Immediate Death

Duration of last Sickness, Immediate Death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11 1881

{ Undertaker, B W Chase }

{ Place of Business, 198 Howard St }

John Dickson M. D.  
Medical Attendant,

Address, 26 Madison Avenue.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47940

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 10 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matthias Marach

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 50 Years, 7 Months, --- Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ---

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Prussia 5 days

Duration of Residence in the City of Baltimore, 5 days

Place of Death, { Give street and number } 8 Towson St ---

Cause of Death, { First, (Primary.) } Phthisis Pulmonalis  
{ Second, (Immediate,) }

Duration of last Sickness, ---

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Church

Date of Burial, May 12 1881

{ Undertaker, Henry Sander } Comm of Health

{ Place of Business, 252 Canton Ave } Address, Registrar

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. **27941**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, **18** Years, Months, Days.

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, **Lamel Cemetery**

Date of Burial, **May 11<sup>th</sup> 1887**

{ Undertaker; **Hennel & Wadden**

{ Place of Business, **# 116 E. Charles St.**

**Eldridge C. Price M.D.,**  
Medical Attendant.

Address, **262 Madison Ave.**

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47942

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, May 10<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alfred Blumwith Spedden

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 Years, 2 Months, 0 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 45 S. Calhoun St.

Cause of Death, { First, (Primary.) Malaria }  
{ Second, (Immediate.) Meningitis }

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 12

{ Undertaker, Joseph P. Cook }

{ Place of Business, 707 West Baltimore }

Address, Wm. L. ...

Medical Attendant.

M.D.,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47943

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death, May 9th 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara GarretSex, Male or Female, { cross out the word not required in this line. }Age, 30 Years, 9 Months, \_\_\_\_\_ Days.Color, ColoredMarried, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } DactunnoDuration of Residence in the City of Baltimore, all lifePlace of Death, { Give street and number } 147 Ralston StCause of Death, { First, (Primary.) } Phthisis Pulmonalis  
{ Second, (Immediate.) } DebrisDuration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Samuel KennedyDate of Burial, May 11 1881 Geo. G. Brewer M. D.  
Medical Attendant.{ Undertaker, John W. L. L.{ Place of Business, X 57 S 2nd St Address, 258 W Fayette St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *47944*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

*May 9<sup>th</sup> - 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*James Thomas Gray*

Sex, ~~Male or Female~~,

Cross out the word not required in this line.

Age,

Years,

*4*

Months,

Days.

Color,

*Black*

Married, Single, ~~Widow or Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Baltimore*

Duration of Residence in the City of Baltimore,

*Lifetime*

Place of Death,

Give street and number.

*No 50 McSeldery St. Extended*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Pneumonia*

Duration of Last Sickness,

*2 weeks*

All the above information should be furnished by the Physician.

Place of Burial,

*Wm. E. Don*

Date of Burial,

*May 11<sup>th</sup> 1881*

Undertaker,

*Geo J. Lock*

Place of Business,

*113 Jefferson*

Address,

*Broadway & Madison*

*Wm. E. Russell*

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47945

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, May 9<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry GibbySex, Male or ~~Female~~, { cross out the word not required in this line. }Age, 50 Years, — Months, — Days.Color, BlackMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }Occupation, Grain MeasureBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Queen Anne's Co MdDuration of Residence in the City of Baltimore, 30Place of Death, { Give street and number } St Russell StCause of Death, { First, (Primary.) Intoxication  
Second, (Immediate,) 2 Weeks }Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel CemeteryDate of Burial, May 11<sup>th</sup> 1881 Geo. H. Benson M. D.  
Medical Attendant.{ Undertaker, Geo. W. Perkins & Co }{ Place of Business, 131 Henrietta St Address, 154 Hanover St }**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 18th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Rosa Rebecca Waters

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 5 Months, Days.

Color, Black Sex, Female

Married, Single, Widowed or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 6 Penn St

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, { Give street and number. } No 6 Penn St

Cause of Death, { First (Primary), Phthisis Tubercularis  
Second (Immediate), Pulmonary decay

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 11th 1881

Medical Attendant, M. D.

{ Undertaker, J. McKeon Dr Address 210 1/2 W. Baltimore St  
Place of Business, 752 W. Baltimore St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47947

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 9, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Dougherty

Sex, Male or Female, { cross out the word not required in this line. }

Age, 3 Years, 5 Months, 12 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 5 Bohemia Court - near Washington

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate,) Convulsions, Paralysis.

Duration of last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, May 11, 1881 A. V. Goswiler A. M. D. Medical Attendant.

{ Undertaker, Pat Muller's

{ Place of Business, Address, 144 N. Am St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47948

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *May 8<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Joseph Harnes*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *3* Years, *3* Months, *—* Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *57 St Paul St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Change of Diet*  
*Quintessence*

Duration of Last Sickness, *57 St Paul St*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *May 11<sup>th</sup> 1881*

Undertaker, *Patrick Mullen*

Place of Business, *—*

Address, *127 St Paul St*

*J. F. Ward* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47949

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 10 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eva Klotzman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, Years, 17 Months, Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 14 N. Amity St.

Cause of Death, { First, (Primary) } Convulsions caused by Indigestion

Duration of last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Ches. Scholen~~ Cemetery

Date of Burial, May 11th J. Shuman Hill M. D. Medical Attendant.

{ Undertaker, Wm. Ireland }

{ Place of Business, 201 South St } Address, 432 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *47950*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

*May 10th 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Conrad Eiden*

Sex, Male or Female,

Cross out the word not required in this line.

*Male*

Age,

*43*

Years,

*5*

Months,

*21*

Days.

Color,

*White*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

*Married*

Occupation,

*Printer*

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Germany*

Duration of Residence in the City of Baltimore,

*20 years*

Place of Death,

Give street and number.

*106 S. Caroline Street*

Cause of Death,

First, (Primary.)

*Dinterialing Nephritis*

Second, (Immediate.)

*Nephritis*

Duration of Last Sickness,

*cannot say definitely*

All the above information should be furnished by the Physician.

Place of Burial,

*Old Carmel Cemetery*

Date of Burial,

*May 11th 1881*

*John Brown*

M.D.,

Medical Attendant.

Undertaker,

*Caspar Eckhardt*

Place of Business,

*249 Canton Ave*

Address,

*714 N. E. Street*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 47952

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, May 10, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank L. Ehlers

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 9 Years, 9 Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 321 Stricker St.

Cause of Death { First, (Primary,) Scrofulosis  
Second, (Immediate,) Dropsy

Duration of last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Georgetown DC

Date of Burial, May 11 " 1881

{ Undertaker, Henry Mitchell } John Hood M. D.  
Medical Attendant.

{ Place of Business, 550 N. Fayette St. Address, 322 Hollins St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

2178 Transit

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47953

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 11, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine M. H. Person

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 68 Years, Months, Days.

Color, white

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } New York City

Duration of Residence in the City of Baltimore, Thirty seven yrs.

Place of Death, { Give street and number. } Cambridge St.

Cause of Death, { First, (Primary.) } Ague  
{ Second, (Immediate.) } Exhaustion

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Ch.

Date of Burial, May 11/81

{ Undertaker, H. C. Curran.

{ Place of Business, 53 S. Maryland

G. Glauville, M.D.,  
Medical Attendant.

Address, Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Board of Health, City of Baltimore,

Permit No.

47934

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

May 11th 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Laura May Lindebaum

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

Years,

Months,

Eleven Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

228 N. Gay St.

Cause of Death,

First, (Primary.)

Septicæmia

Second, (Immediate.)

Duration of Last Sickness,

5 Days

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

May 11 1881

Undertaker,

E. A. Carman

Place of Business,

No 38 E. Pratt St.

Address,

474 N. Gay St.

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47955

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 10th, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Videtski*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *3* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany.*

Duration of Residence in the City of Baltimore, *One year*

Place of Death, { Give street and number. } *10 + 12 Shakespeare St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Measles followed by Pneumonia.*

Duration of Last Sickness, *11 days.*

All the above information should be furnished by the Physician.

Place of Burial, *Wesleyan Church*

Date of Burial, *May 11*

*John H. Rehberger* M.D.,  
Medical Attendant.

*32 Koppel*  
Undertaker,

*127 S Bond*  
Place of Business, Address, *# 243 Alice Anna St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47956

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 10th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Fitzpatrick

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 22 Years, 11 Months, 27 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and number. } No. 72 S. Fremont St

Cause of Death, { First, (Primary.) Pneumonia double  
Second, (Immediate.) Asthenia }

Duration of Last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, May 12

Undertaker, J. B. Cook

Place of Business, 207 West Mottingham Address, 166 S. Paca St.

A. S. Buddenbohm M.D.,  
Medical Attendant

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *May 10, 1881.*

Full Name of Deceased, *Augustus E. McSweeney,*  
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, *Male,*  
{ Cross out the word not required in this line. }

Age, *76* Years, Months, Days.

Color, *white,* Sex, *M.*

Married, Single, Widowed or Widower, *Single,*  
{ Cross out the words not required in this line. }

Occupation, *Lawyer*

Birthplace, *Mo.*  
{ State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *2 1/2 years*

Place of Death, *266 N. Gilman St.*  
{ Give street and number. }

Cause of Death, *Chronic Atrophy of Liver,*  
{ First (Primary), Second (Immediate), } *Nephritis,*

Duration of Last Sickness, *7 mos.*

All the above information should be furnished by the Physician.

Place of Burial, *Linden Park* *J. L. Doyle* M. D.  
Medical Attendant.

Date of Burial, *May 11*

{ Undertaker, *C. H. Bazzard,* Address *247 Lauvale St.*  
 { Place of Business, *247 Lauvale St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47958

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 10 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Coff

Sex, Male or Female, { cross out the word not required in this line. }

Age, 63 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Maid Servant

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Hagerstown Fred K. Co. Md.

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and number } S. Addison alley 2 doors from bottom

Cause of Death, { First, (Primary,) Saw patient after she died Congestion chill from the history of the case }  
{ Second, (Immediate,) }

Duration of last Sickness, All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 12 of May 1881 W. A. Jones M. D. Medical Attendant.

{ Undertaker, } { Name } { Address }

{ Place of Business, 118 Druid Hill Ave } { Address, 93 Fred K. Co. Balto. Md. }

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to send within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No.

47959

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address,

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 47960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, May 12, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } J. W. Allen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 5 Months, 11 Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 99 N. Eden St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlat. Fever

Duration of Last Sickness, 18

All the above information should be furnished by the Physician.

Place of Burial, Balt. City

Date of Burial, May 13, 1881

Undertaker, O. B. Rosecrans

Place of Business, 97 Orlo Bay

J. J. Prof. M. D., Medical Attendant.

Address, 137 N. Eden St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47961

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, May 11th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Joseph Carroll

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 1 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 30 Willow St

Cause of Death, { First, (Primary.)  
Second, (Immediate.) } Acute Hydrocephalus

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 12th

Undertaker, H. C. Wickfeldt

Place of Business, 90 Greenmount Address, 342 Broadway

Medical Attendant, J. C. Rymer M.D.,

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47962

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 11th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julius Schulerberg

Sex, Male or Female, { cross out the word not required in this line. }

Age, — Years, — Months, 5 weeks Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 75 S. Lexington Ave.

Cause of Death, { First, (Primary.) } Meningitis  
{ Second, (Immediate.) }

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baito Cemetery

Date of Burial, May 13th 1881

Undertaker, Berman & Mitchell

Place of Business, 65 S Broadway Address, 57 S Broadway

E. B. Britton M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47963

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 11, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helen Groves

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 8 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 318 Bank St.

Cause of Death, { First, (Primary.) } Megarismus  
{ Second, (Immediate.) } Exhaustion

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Balt. county Md.

Date of Burial, May 12<sup>th</sup> 1881

Undertaker, Denny & Mitchell

Place of Business, 15 S. Broadway Address, Balt. & Park Sts.

H. G. Crook M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47964

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 10<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizah Stevens*

Sex, *Male* or Female, { cross out the word not required in this line. }

Age, *62* Years, *4* Months, *—* Days.

Color, *Colored*

*Married*, Single, Widow or *Widower*, { Cross out the word not required in this line. }

Occupation, *Washerwoman*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *U. S. A.*

Duration of Residence in the City of Baltimore, *unknown*

Place of Death, { Give street and number } *1010 Painters Court*

Cause of Death, { First, (Primary.) *Cardiac Dropsy*  
Second, (Immediate,) *10<sup>th</sup> 12 weeks*

Duration of last Sickness, *10<sup>th</sup> 12 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Asbury Green* cemetery

Date of Burial, *May 12<sup>th</sup> 1881*

Undertaker, *Charles A. White*

Place of Business, *35 Frankfort* Address, *10121 E. Baltimore*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jane Mills

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, Months, Days.

Color, Black Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } S. Betzel No 29.

Cause of Death, { First (Primary,) Second (Immediate,) } Epistaxis Exhaustion Nose Bleeding

Duration of Last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 12

Undertaker, Charles A. White Address N. E. Lee Street

Place of Business, 35 Granby St.

John A. Schull, M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47966

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 11th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Edward Heinz

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 Years, 3 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 370 S. Eutan St

Cause of Death { First, (Primary.) Measles -  
Second, (Immediate,) Pneumonia

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 13th 1881

{ Undertaker, Julius Koehler

{ Place of Business, Sharp &amp; Crisp St Address, 119 E. ... Ave.

M. D.  
Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 11 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Johnson

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 4 Years, --- Months, --- Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ---

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 105 S. Spring St

Cause of Death, { First, (Primary.) unknown Second, (Immediate,) Cataract }

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, May 12 1881

Undertaker, Patt Millin Comm of Health

Place of Business, E. Park Ave Address, Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor [OVER.]

No. 47968

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

11<sup>th</sup> day of May

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Marie G. Childs

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 5 Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number }

5th &amp; W. Fayette St.

Cause of Death { First, (Primary.) Second, (Immediate.) }

Gastric Intestinal Irritation

Cerebral Effusion

2 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 13

G. P. Hoffman M. D.  
Medical Attendant.

{ Undertaker, Joseph B. Cook }

{ Place of Business, 787 W. Pratt St. Address, }

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47969

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt B. Mackanary

Sex, Male or Female, { cross out the word not required in this line. }

Age, 4 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give street and number } 70 S. Lenoxton Ave

Cause of Death, { First, (Primary.) Convulsions  
Second, (Immediate.)

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, May 12<sup>th</sup> 1881

{ Undertaker, Mrs B. Cook

{ Place of Business, No 707 W Baltimore Street Address, 207 Lenoxton Ave

John Huff M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]



No. 47970

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 10 May 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs. Mary A. Bryan

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 28 Years, — Months, — Days.

Color, Black.

Married, ~~Single~~, { Cross out the word not required in this line. }

Occupation, Housewife

Birthplace, { State or country, (and how long in the United States if of foreign birth. ) } Baltimore.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 195 East St. Baltimore.

Cause of Death, { First, (Primary.) } Puerperal Metritis { occurring in a consumptive patient who had previous to collapse a severe pulmonary hemorrhage. }  
{ Second, (Immediate.) } Collapse.

Duration of last Sickness, 11 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, May 12<sup>th</sup> 1881 B. Leonard M. D.  
Medical Attendant.

{ Undertaker, Wm. C. Dunsen }

{ Place of Business, 1162 East St. } Address, 133 N. Exeter St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 47971

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Macota

Sex, Male or Female, { cross out the word not required in this line. }

Age, 32 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, Eight (8) years

Place of Death, { Give street and number } No. 46. Duncan Alley

Cause of Death { First, (Primary.) Right leg & thigh crushed.  
Second, (Immediate.) Death from shock - 1/2 - 1/2 after injury -

Duration of last Sickness, Death from shock - 1/2 - 1/2 after injury -

All the above information should be furnished by the Physician.

Place of Burial, St. Adolphus Cemetery

Date of Burial, May 13<sup>th</sup> 1881A. S. Clarke M. D.  
Medical Attendant.

{ Undertaker, John Henning

{ Place of Business, 382 Orleans St Address, 237. South St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 47972

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

May 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ja Zimmerman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 Years,

Months,

Days.

Color,

White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Farmer

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

3 Days

Place of Death, { Give street and number. }

University Hospital

Cause of Death, {

First, (Primary.)

Operative Lithotomy

Second, (Immediate.)

Shock

Duration of Last Sickness,

24 hours

All the above information should be furnished by the Physician.

Place of Burial,

Friedrichs etc

Date of Burial,

May 12 1881

Undertaker,

Fred A. Schuchman

Place of Business,

50 S. Carrollton

Address,

University Hospital

F. West

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2181 Trans

No. 47973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 12th 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Stickline

Sex, Male or Female, { cross out the word not } required in this line. }

Age, Years, 5- Months, 8- Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not } required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } Cor Street &amp; O'Donnell

Cause of Death, { First, (Primary,) Dentition  
Second, (Immediate,) Meningitis  
Dent Brain

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Albans

Date of Burial, May 14th 1888

Undertaker, Mr. France

Place of Business, 280 Canton

Address, 17 Calvert St

M. D.  
Medical Attendant,

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OV. 33.]



No. 47974

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John King

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, 2 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 2 yrs. 6 mos

Place of Death, { Give street and number } 116 Fort Ave

Cause of Death, { First, (Primary.) General debility  
Second, (Immediate,) Renal debility

Duration of last Sickness, 2 yrs. 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 13<sup>th</sup> 1881 H. L. Shepherd M. D.

Undertaker, Julius Flanigan Medical Attendant.

Place of Business, 240 S. Bond St Address, 573 Light St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 47975

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, 4 A. M. 12th May, 1881.Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Helen MartineSex, ~~Male~~ or Female, { cross out the word not required in this line. } FemaleAge, Four Years, Twenty-two Months, Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City - 493 Franklin StDuration of Residence in the City of Baltimore, 4 months & 22 daysPlace of Death, { Give street and number } 493 Franklin St, Baltimore CityCause of Death, { First, (Primary.) Scrophula  
Second, (Immediate,) "Duration of last Sickness, Never was well

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Park CemeteryDate of Burial, May 13 1881{ Undertaker, Geo. H. Weaver & Co.{ Place of Business, 22 W Fayette Address, 236 N. Howard St**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 47976

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 11th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary C. Magazine

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 25 Years, — Months, — Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Washington D.C.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

15 years

Place of Death, { Give street and number }

22 George St.

Cause of Death { First, (Primary.) Second, (Immediate.) }

Consumption  
about two years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 14th 1881

J. L. R. M. D.  
Medical Attendant.

{ Undertaker, H. J. L. R. M. D.

{ Place of Business, 2 Cathedral St.

Address, 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *49977*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

*May 12<sup>th</sup> 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Alfred Wiggins*

Sex, ~~Male~~ or ~~Female~~,

Cross out the word not required in this line.

Age,

*35*

Years,

Months,

Days.

Color,

*colored*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

*Scowman*

Birthplace,

(State or Country and how long in the United States, if of foreign birth.)

*Washington D C*

Duration of Residence in the City of Baltimore,

*Several years*

Place of Death,

(Give street and number.)

*Res 46 Mulberry Harbor opposite Malloy's Oyster House*

Cause of Death,

First, (Primary.)

*Fell overboard (immediately after being shot in thigh by officer Sorey) & was drowned*

Second, (Immediate.)

*Asphyxia (shortly postmortem)*

Duration of Last Sickness,

*sudden death*

All the above information should be furnished by the Physician.

Place of Burial,

*Laurel Cemetery*

Date of Burial,

*May 14<sup>th</sup> 1881*

*Edmund R Walker*

M.D.,

Medical Attendant.

Undertaker,

*Amos Gray*

Place of Business,

*65 Mulberry St*

Address, *Corona M D*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 12<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Catherine Stapp*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *7* Years, \_\_\_\_\_ Months, *Six* Days.

Color, *White* Sex, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the words not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *N<sup>o</sup> 148 Vine St*

Cause of Death, { First (Primary),  
Second (Immediate), } *Diphtheria*  
*Asthenia*

Duration of Last Sickness, *Six days*

All the above information should be furnished by the Physician.

Place of Burial, *First Presbyterian*

Date of Burial, *Friday May 13<sup>th</sup>*

{ Undertaker,  
Place of Business, } *Carroll Street* Address *at Park Ave.*

W. W. MURRAY, M. D.  
308 WEST FAYETTE ST.  
BALTIMORE, MD.

*M. D.*  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

11<sup>th</sup> May 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Walker & Daryl

Sex, Male or Female,

Cross out the words not required in this line.

male

Age,

22

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Merchant

Birthplace,

State or country (and how long in United States, if of foreign birth.)

Balt City

Duration of Residence in the City of Baltimore,

Liberal

Place of Death,

Give street and number.

172 Lafayette Ave

Cause of Death,

First (Primary),

Second (Immediate),

Consumption

Pneumo-Thorax

Duration of Last Sickness,

about 2 years

All the above information should be furnished by the Physician.

Place of Burial,

Green Park Cemetery

Date of Burial,

May 13/81

Undertaker,

Benjamin White

Place of Business,

55 W. Fayette St

Address,

108 Park Ave

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 11<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Murphy

Sex, Male or Female, { cross out the word not required in this line. }

Age, 22 Years, 1 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 262 N. Ann St.

Cause of Death { First, (Primary,) Phthisis  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 12 1881

{ Undertaker, Jas O Byrne

{ Place of Business, 63 Front

J. H. Clendenen M. D.  
Medical Attendant.

Address, 369 E. Baltimore St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DOLAN & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 47981

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, May 11<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Martin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 37 Years, Months, Days.

Color, White.

~~Married, Single, Widower~~ Widower, { Cross out the word not required in this line. }

Occupation, Driver

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, Thirty years.

Place of Death, { Give street and number. } 108 S. Register St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Delirium Potatorum

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Airy

Date of Burial, May 13

Undertaker, M. Deffel

Place of Business, 25-1 1<sup>st</sup> Bldg Address, 94 S. Broadway.

George H. Roke, M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



No. 47982

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John William Lawrence

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 10 Years, 10 Months, 10 Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Student

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 235 Chestnut St.

Cause of Death, { First, (Primary) Pneumonia Second, (Immediate,) Asphyxia }

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Cemetery

Date of Burial, May 13th 1881 H. F. Hill M. D. Medical Attendant.

{ Undertaker, Samuel S. Madden

{ Place of Business, 116 Arch St. Address, 361 Franklin St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 47983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

~~Nov 14 1880~~ May 13 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary C. Jones

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, / Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

70 S. Sharp St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Convulsions

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem.

Date of Burial, May 13 1881

R. J. N. Tall. M.D.,  
Medical Attendant.

Undertaker, Wm G. Tucker

Place of Business, 65 S. Eutaw St Address, 152 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 12<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Sallie J. Brown

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 3.5 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } 418 E Poppleton St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis Pulmonalis

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 13. 1881

Undertaker, Wm Weaver

Place of Business, 202 N. Eutan. St.

Address, 304 Carrollton Ave

John Seff M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *47985*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, *May 11<sup>th</sup> 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Bridget Walsh*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *Two* Years, *Four* Months,  Days.

Color, *White*

*Married*, Single, *Widow* or *Widower*, { Cross out the word not required in this line. }

Occupation, *None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Baltimore City, Md.*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. }

*50 Phiepat St.*

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

*Marasmus*

Duration of Last Sickness, *Two months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Patrick's Church*

Date of Burial, *May 13<sup>th</sup> 1881* *Nicholas L. Dathell* M.D.,  
Medical Attendant.

{ Undertaker, *Henry Sander*

{ Place of Business, *252 Cantonway* Address, *207 S. Broadway.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

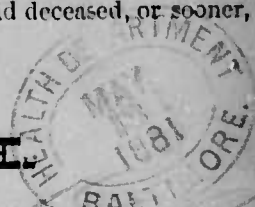
Permit No. 47986

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death, May 13, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 25 Years, 6 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } 252 Canton Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Apoplexy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, May 13<sup>th</sup> 1881

{ Undertaker, Henry Sander

{ Place of Business, 252 Canton Ave

Address, 252 Canton Ave

M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47987  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 12 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John Jackson*

Sex, *Male* or ~~Female~~, { cross out the word not required in this line. }

Age, *49* Years, *10* Months, *15* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Gusfitter & Plumber*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *London England*

Duration of Residence in the City of Baltimore, *27 years*

Place of Death, { Give street and number } *108 Park Street*

Cause of Death { First, (Primary,) Second, (Immediate,) } *Consumption*

Duration of last Sickness, *15 months*

All the above information should be furnished by the Physician.

Place of Burial, *Cedar Hill cem*

Date of Burial, *May 3<sup>rd</sup> 1881*

Undertaker, *Brinstroger & Quincy*

Place of Business, *263 Sighit St* Address, *447 W. Fayette St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47988

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, May 12.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Sanford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1. Years, 10 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 59. Hamburg St

Cause of Death, { First, (Primary.)  
Second, (Immediate.) Tubercular Meningitis

Duration of Last Sickness, 16. days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 13 1881 Thornton Locke M.D.,  
Medical Attendant.

{ Undertaker, Smith & Sons

{ Place of Business, 263 7th St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

May 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Walter B. Travis

Sex, Male or Female, { Cross out the words not required in this line. }

Male

Age, Years,

10 Months,

12 Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Balto. City

Duration of Residence in the City of Baltimore,

10 Mo & 12 days

Place of Death, { Give street and number. }

73 William St.

Cause of Death, { First (Primary),  
Second (Immediate), }

Diphtheria

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Park

Date of Burial,

May 14<sup>th</sup> 1881

Undertaker,

Henry C. Smith

Place of Business,

263 Light St.

R. C. Lee M. D.  
Medical Attendant.

Address, Hancock & Barr Sts

#### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

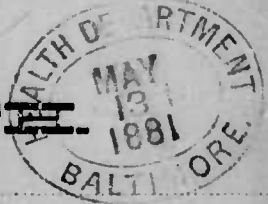
Permit No. *47990*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, *May 13<sup>th</sup> 1881.*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *William Weiss*

Sex, *Male* or ~~Female~~. (Cross out the word not required in this line.)

Age, *54* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, *Single*, ~~Widow~~ or ~~Widower~~. (Cross out the word not required in this line.)

Occupation, *Cooper*

Birthplace, (State or Country and how long in the United States, if of foreign birth.) *Wittenbach Germany* ✓

Duration of Residence in the City of Baltimore, *24 or 25 years*

Place of Death, (Give street and number.) *Granby Street, No 91.*

Cause of Death, First, (Primary.) *Injury (Gun shot wound) in Arm*  
Second, (Immediate.) *Gangrene, Left Leg.*

Duration of Last Sickness, *Space 8 or 9 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Heath Cemetery*

Date of Burial, *May 15 1881* *Wm H. Morris* M.D.,

Medical Attendant.

{ Undertaker, *Henry Healy*

{ Place of Business, *304 Central Ave* Address, *154 E Balto. St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 47991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 12<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert L. Jozes

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, 4 Months, 3 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, city, Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and number } 168 L Green St.

Cause of Death, { First, (Primary,) Exposure to sudden change of temperature  
Second, (Immediate,) convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J. S. Dyer

Date of Burial, May 13 M. D.

{ Undertaker, Hercules Ross

{ Place of Business, 75 Conway St. Address, 146 Hill St.

L. B. DYER, M.D.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47992

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

May 12<sup>th</sup> 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

William A. Bo...

Sex, Male or Female,

Cross out the word not required in this line.

Age,

One

Years,

Five (5<sup>th</sup>)

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

Give street and number.

1824 W. Pratt

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Gastritis + Catarrhal Man  
Convulsion

Duration of Last Sickness,

One Week

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

May 14 1881

M.D.,

Medical Attendant.

Undertaker,

John P. Pender

Place of Business,

60 Frederick Ave

Address,

584 W. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

47993

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

May 11 - 1881.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary M. Graw.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Female.

Age,

59

Years,

Months,

Days.

Color,

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Germany.

Duration of Residence in the City of Baltimore,

44 years.

Place of Death, { Give street and number. }

30 S. Eden St.

Cause of Death,

{ First (Primary),  
Second (Immediate), }

Cirrhosis of the Liver.

Duration of Last Sickness,

3 Months.

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

May 15<sup>th</sup> 1881

Undertaker,

Thos. S. Hughes

Place of Business,

60 E. Balto St.

Address

Geo. F. Powell, M. D.  
Medical Attendant.

227 Carrollton Ave.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 47994

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

*Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, May 11<sup>th</sup> 1881 —

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Conley

Sex, ~~Male or~~ Female, { cross out the word not  
required in this line. }

Age, \_\_\_\_\_ Years, 1 Months, 26 Days

Color, colored

Married, Single, Widow or Widower, { Cross out the word not  
required in this line. }

Occupation, .....

Birthplace, { State or country, (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 111 Oxford St

Cause of Death, { First, (Primary,) \_\_\_\_\_  
Second, (Immediate,) Spasms

Duration of last Sickness, never well

All the above information should be furnished by the Physician.

Place of Burial, St. Charles

Date of Burial, May 13 '788 Christ Church M. L.

Undertaker, *W. Jas. Gray*, Committee of Health

Place of Business, Wallingford Address, High Street

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 12th 1881*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Daniel C. Pinkett*

Sex, Male or Female, Cross out the words not required in this line. *Male*

Age, *About 27* Years, Months, Days

Color, *Black*

Married, Single, Widow or Widower, Cross out the words not required in this line. *Don't know*

Occupation, *Convict in Maryland Penitentiary*

Birthplace, State or country (and how long in United States, if of foreign birth.) *Don't know*

Duration of Residence in the City of Baltimore, *Seven days*

Place of Death, Give street and number. *Maryland Penitentiary*

Cause of Death, First (Primary.) *Probably Consumption in jail, (Orchester Co. Ind.)*  
Second (Immediate.) *Typhus Fever*

Duration of Last Sickness, *Sick when admitted to Penitentiary, probably for 6 days previous to admission here.*

All the above information should be furnished by the Physician.

Place of Burial, *C.P. Cemetery*

Date of Burial, *May 12*

Undertaker, *Patrick Mullin*

Place of Business,

*Silas Baldwin* M. D.  
Medical Attendant.

Address, *152 Townsend St.*

#### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *47996*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

*May 12<sup>th</sup> 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

*Philip Patrick Heaghen*

Sex, Male or Female,

Cross out the word not required in this line.

*Male*

Age,

Years,

*11*

Months,

*2*

Days.

Color,

*White*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

*Single*

Occupation,

*None*

Birthplace,

(State or Country and how long in the United States, if of foreign birth.)

*Baltimore*

Duration of Residence in the City of Baltimore,

*Lifetime*

Place of Death,

(Give street and number.)

*454 E. Lombard Street*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Convulsions*

Duration of Last Sickness,

*1 day*

All the above information should be furnished by the Physician.

Place of Burial,

*St. Patrick's Church*

Date of Burial,

*May 13<sup>th</sup> 1881*

Undertaker,

*W. A. Daisner*

Place of Business,

*74 S. Broadway*

Address,

*81 S. Broadway*

*James E. Shaw* M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47997

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { cross out the word not required in this line. }

Age, Three Years, One Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number }

Cause of Death { First, (Primary.) Scrofula  
Second, (Immediate,) Exhaustion

Duration of last Sickness, Sick from Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 13<sup>th</sup> 1881

{ Undertaker, Sec H Perkins & Co

{ Place of Business, 130 Henrietta Address,

Julius Hall M. D.  
Medical Attendant.  
Southern Dispensary  
77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Requested to Fill Out, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 47998

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, Aug 11, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick B. Guebert

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 20 Years, 11 Months, 26 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

164 S. Ave. 12.

Cause of Death, { First, (Primary.)

Acute Periperal Menstr

Second, (Immediate.)

Duration of Last Sickness,

Called to see patient fifty six hours before death.

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus

Date of Burial,

May 14<sup>th</sup>

{ Undertaker,

W. Frank

{ Place of Business,

1435 Bank

John T. Monmouth M.D.,  
Medical Attendant.

Address, 81 W. Ave. Ches & Read st

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 47999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 12 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charlotte Rinke

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 79 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany (34 years).

Duration of Residence in the City of Baltimore, 34 years

Place of Death, { Give street and number } No 307 W. Holl Ave st

Cause of Death, { First, (Primary.) Second, (Immediate,) } Old age Exhaustion

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 15 1881

Undertaker, W. F. Funks

Place of Business, No 35 Bank Address, 125 Eden st

S. D. Wintermire M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 47800

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 12th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Holmes

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 40 Years, — Months, — Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 11 years

Place of Death, { Give street and number } \* 413 E. Balto. St.

Cause of Death, { First, (Primary.) Cancer of Stomach  
Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Md.

Date of Burial, May 13th 1881 E. P. Evans M. D.  
Medical Attendant.

{ Undertaker, Thos. J. Lapham

{ Place of Business, 73 Jefferson St. Address, \* 375 E. Balto. St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 12<sup>th</sup> May 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Henry Nelson.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, Seven Months, \_\_\_\_\_ Days.

Color, Colored Sex, Male.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 25 Bowden Alley,

Duration of Residence in the City of Baltimore, During life,

Place of Death, { Give street and number. } 25 Bowden Alley,

Cause of Death, { First (Primary,) do not know.  
Second (Immediate.) Convulsions, Had had eight before.

Duration of Last Sickness, 4 few hours,

All the above information should be furnished by the Physician.

Place of Burial, South St. Cemetery

Date of Burial, May 14 - 1881

{ Undertaker, James W. Hadden

{ Place of Business, #114 Arch Street

Harry L. Byrd M. D.  
Medical Attendant.

Address 225 N. Filbert Street  
Baltimore.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *48002*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *May 11th 1881*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Margaret Kelton*

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, *Fifty Eight* Years, Months, Days.

Color, *White*

~~Married, Single, Widow or Widower~~, Cross out the word not required in this line.

Occupation, *Store Keeping*

Birthplace, State or Country and how long in the United States, if of foreign birth. *Ireland*

Duration of Residence in the City of Baltimore, *Fifty Years*

Place of Death, Give street and number. *370 East Monument St*

Cause of Death, First, (Primary.) *Cancerous affection of Liver and Intestine*  
Second, (Immediate.) *Exhaustion*

Duration of Last Sickness, *About five weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Bonnie Brae*

Date of Burial, *May 14th 1881* *Milton T. Taylor* M.D.,

Medical Attendant.

Undertaker, *Joseph F. Byrne*

Place of Business, Address, *Broadway & W. Eldridge St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 48003

The Special Atten

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Richard Kobuchall

Sex, Male or Female, { cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Germany

Birthplace, { State or country, (and how long in the United States. if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death, { First, (Primary.) Second, (Immediate,) } Insane Prostration from

Duration of last Sickness, All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, May 13/81

{ Undertaker, Henry Jander

{ Place of Business, 252 Canton St Address, Registrar

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48005

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

May 12th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rachel Beard

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age, Seventy-two Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Washerwoman

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore Co Md

Duration of Residence in the City of Baltimore,

20 years

Place of Death,

{ Give street and number. }

68 St Spring St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Pneumonia

Bright Disease

Duration of Last Sickness,

Over four months

All the above information should be furnished by the Physician.

Place of Burial,

Balto & Sparks Station

Date of Burial,

May 14 1881

Undertaker,

William W. Dinger

Place of Business,

No 62 East Street

Address,

262 Madison St

Elias C. Price, M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully invited to the Remarks and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48006

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, May 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Potee

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Seventy Years, five Months, — Days.

Color, White

Married, Single, Widowed, Widower, { Cross out the word not required in this line. } Single

Occupation, Property agent

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } N. E. Cor. Pratt & Bond Sts

Cause of Death, { First, (Primary.) Strangulated Hernia (Internal) }  
{ Second, (Immediate.) Shock }

Duration of Last Sickness, 32 hours.

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery, Hampden Road

Date of Burial, May 15<sup>th</sup> 1881

Undertaker, John S. Sipe

Place of Business, 161 E. Baltimore St. Address, 17 S. Broadway.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48007

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 12 May 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Moley Nickson  
Sex, Male or Female, { Cross out the words not required in this line. }  
Age, 5 Years, Months, Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Non

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore Md

Duration of Residence in the City of Baltimore, Patison Court

Place of Death, { Give street and number. } Patison Court in Rear of Colard

Cause of Death, { First (Primary,) Pneumonia  
Second (Immediate,) Typhoides

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 12<sup>th</sup> 1887

Undertaker, Charles A. White

Place of Business, 36 W. Ranby.

Address, No 36 Davis St

Md City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48008

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 13 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Phelena E. Lamb

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 41 Years, 4 Months, 11 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number } No. 297 Myrtle Ave

Cause of Death { First, (Primary.) Second, (Immediate.) } Consumption Pulmonary

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, ~~St. Paul's N. C. R. M.~~ of

Date of Burial, May 14 1881

{ Undertaker, Mon Weaver

{ Place of Business, No 202 N. Eutan

Thomas Shearer M. D.  
Medical Attendant.

Address, No. 97 N. Charles St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

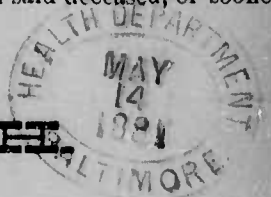
## Board of Health, City of Baltimore,

Permit No. *48009*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH.

Date of Death,

*May 12<sup>th</sup>*

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

*Fanny L. Chester*

Sex, Male or Female,

Cross out the word not required in this line.

*Female*

Age,

*25*

Years,

Months,

Days.

Color,

*White*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

*Married*

Occupation,

*Housewife*

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Baltimore*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death,

Give street and number.

*No 120 N Bond St*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Pneumonia*

*Phthisis*

Duration of Last Sickness,

*Nine months.*

All the above information should be furnished by the Physician.

Place of Burial,

*Holy Cross Cemetery*

Date of Burial,

*May 14<sup>th</sup> 1881*

Undertaker,

*Henry G. Mears*

Place of Business,

*45 N. Gay St*

Address,

*Wm. Whittington* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 48010

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death,

May 13 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Levitta J. Whittington

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age,

37 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)}

Somerled Co Ind

Duration of Residence in the City of Baltimore,

4 Months

Place of Death, {Give street and number}

125 Carrollton Ave

Cause of Death

First, (Primary.)

Chronic Enteritis

Second, (Immediate.)

Duration of last Sickness,

6 Months

All the above information should be furnished by the Physician.

Place of Burial,

Somerled Co Ind

Date of Burial,

May 14 1881

J. H. Lunn

M. D.

Medical Attendant.

{ Undertaker,

Denny Mitchell

{ Place of Business,

55011 Fayette St

Address,

76 Stacush

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 48011

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, May 13<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry DietrichSex, Male or ~~Female~~, { cross out the word not required in this line. }Age, 57 Years, 2 Months,        Days.Color, WhiteMarried, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }Occupation, VarnisherBirthplace, { State or country, (and how long in the United States, if of foreign birth. } GermanyDuration of Residence in the City of Baltimore, 30 yrsPlace of Death, { Give street and number } 40 S. Central AveCause of Death, { First, (Primary.) Second, (Immediate.) } Phtthisis PulmonalisDuration of last Sickness, Seven years

All the above information should be furnished by the Physician.

Place of Burial, Western CemeteryDate of Burial, May 15<sup>th</sup> 1881 A. C. Greg Sherten M. D.

Medical Attendant.

{ Undertaker, Leonard Ritz{ Place of Business, 127 S. Broadway Address, 11 S. High St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANTY &amp; CO. CITY PRINTERS AND STATIONERS.

(974E.)

Board of Health, City of Baltimore,

Permit No. 48012

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.



Date of Death, May 13th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Mary Muth

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 1/2 Years, 9 Months, 17 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, { Give street and number. } 192 Division St.

Cause of Death, { First, (Primary.) Acute Cerebral Meningitis }  
Second, (Immediate.)

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, 16th May 1881

{ Undertaker, H. W. Jenkins & Son

{ Place of Business, 75 N. Charles St. Address, 87 Greene St.

J. Miller

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

and to list of diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *48013*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, *May 13<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *George Franklin Little*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } *Male*

Age, *One* Years, *One* Month, *13 days* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *During Life*

Place of Death, { Give street and number. } *92 E. Madison St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Congestion of Brain*

Duration of Last Sickness, *Eight days*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *May 14<sup>th</sup> 1881*

*Appleyard* M.D.,  
Medical Attendant.

{ Undertaker, *Wm. H. Reichman*

{ Place of Business, *234 N. Gay St.* Address, *137 W. E. St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 48014

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, May 13<sup>d</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annis HuskwaSex, Female { cross out the word not required in this line. }Age, 9 Years, — Months, — Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } —Occupation, —Birthplace, { State or country, (and how long in the United States. if of foreign birth. } GermanyDuration of Residence in the City of Baltimore, one weekPlace of Death, { Give street and number } 207 N Bond StCause of Death, { First, (Primary,) Second, (Immediate,) } PneumoniaDuration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross ChurchDate of Burial, May 14<sup>th</sup> 1881Undertaker, H. HickmanPlace of Business, N. Gay StAddress, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS

Examined by Geo. C. Brown

[OVER.]

Permit No. 48015

## Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *May 13th 1888*  
Full Name of Deceased, *Catherine P. C. Kimbark*  
Write legibly and spell correctly. If an Infant not named, give names of parents.  
Sex, Male or Female, *Female*  
Cross out the word not required in this line.  
Age, *5* Years, *4* Months, *26* Days.  
Color, *White*

Married, Single, Widow or Widower, *Single*  
Cross out the word not required in this line.

Occupation, *Seamstress*

Birthplace, *Germany*  
(State or Country and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, *53 West St*

Place of Death, *53 West St*  
(Give street and number.)

Cause of Death, *Diphtheria*  
First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, *8 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *May 14th 88*

Undertaker, *Philip S. Tice*

Place of Business, *183 Columbia St*

Address, *168 S. Street*

Medical Attendant.

M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48016

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Ann Brown

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 37 Years, Months, Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

A. A. Co. Ind.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number }

222 Bond St

Cause of Death

First, (Primary.)

Pneumonia

Second, (Immediate.)

Duration of last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, May 15<sup>th</sup> 1881

Date of Burial, London Park St

J. H. L. M. D.  
Medical Attendant.

{ Undertaker, John M. Macher

{ Place of Business, No 150 Bond St Address, 76 St. Paul St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 48017

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death, May 10th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emory Jackson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, 3 Months, 27 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pa.: Ar-

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No. 64 East St.

Cause of Death, { First, (Primary.) } Marston  
Second, (Immediate,) Convulsions

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14th 1881

Undertaker, Wm. H. Dargatz

Place of Business, 12 S. Eden St. Address, 12 S. Eden St.

L. O. Wintermick M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 48018

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 12<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Johnson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 16 Years, 8 Months, 12 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Kent Co Md

Duration of Residence in the City of Baltimore, 1 1/2 years

Place of Death, { Give street and number } 87 Gasper St

Cause of Death { First, (Primary.) Typho Malarial Fever  
Second, (Immediate.) Enteritis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Henry Cemetery

Date of Burial, May 14<sup>th</sup> 1881

{ Undertaker, Wm A Dunge

{ Place of Business, 1062 East St Address, 156 N Entaw

J. A. Gilliss M. D.  
Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. J. C. DILLON &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 48019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, Thursday May 18 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Thompson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, one Years, 2 weeks Months, Days.

Color, beetroot

Married, Single, Widow or Widower, { Cross out the word not required in this line. } None

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 118 N. Dallas St.

Cause of Death, { First, (Primary.) Tubercular Meningitis  
Second, (Immediate.) Exhaustion

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14<sup>th</sup> 1881

{ Undertaker, Wm. H. Dwyer

{ Place of Business, No 62 East St. Address, 222 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48020

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 13<sup>th</sup> '81*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sophie Lough Mulligan*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *57* Years, *1* Months, *—* Days.

Color, *white*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Lady*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balt. Md.*

Duration of Residence in the City of Baltimore, *during life*

Place of Death, { Give street and number. } *139 N. Charles St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Cancer Uterus*

Duration of Last Sickness, *About 4 mos.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Paul's Yard.*

Date of Burial, *May 16<sup>th</sup> 1881*

Undertaker, *W. W. Jenkins & Son*

Place of Business, *No. 45 N. Charles.*

Medical Attendant, *W. W. Thence M.D.,*

Address, *143 N. Charles St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48021

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 13<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Murdoch

Sex, Male or Female. { Cross out the word not required in this line. } Male

Age, 78 Years, 7 Months, 4 Days.

Color, white

Married, Single, Widower or Widowed, { Cross out the word not required in this line. } Single

Occupation, Notary

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give street and number. } 14 Cathedral St

Cause of Death, { First, (Primary.) Disease of Brain }  
{ Second, (Immediate.) Paralysis }

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Yard

Date of Burial, May 15<sup>th</sup> 1881

{ Undertaker, H. W. Jenkins & Co. }  
{ Place of Business, 75. N. Charles }

Reggie Buckle M.D.,  
Medical Attendant.

ess,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48022

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } L. Frank Middlekauff

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 21 Years, 11 Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~ { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 68 Franklin St.

Cause of Death, { First, (Primary.) Bright's disease. }  
{ Second, (Immediate.) }

Duration of Last Sickness, About 8 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sunday 15<sup>th</sup> 1881

{ Undertaker, W. W. Jenkins & Son. }  
{ Place of Business, 75 N Charles. }

Address, 4 Cathedral

J. H. Scuff M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48023

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, May 13<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie BeardSex, ~~Male~~ or Female, { cross out the word not required in this line. }Age, 6 Years, 11 Months,        Days.Color, ColoredMarried, Single, Widow or Widower, { Cross out the word not required in this line. }Occupation,       Birthplace, { State or country, (and how long in the United States, if of foreign birth. } CityDuration of Residence in the City of Baltimore,       Place of Death, { Give street and number } 68 N. Spring St.Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlet FeverDuration of last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Larned CemeteryDate of Burial, May 15<sup>th</sup> 1881 E. B. Tenby M. D.  
Medical Attendant.{ Undertaker, The J. Locks{ Place of Business, 73 Jefferson Address, 319 W. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OV 48.]

No. 48024  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

May 14 - 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Hennetta C. Clark

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 44 Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number }

53 Harlem Ave

Cause of Death { First, (Primary,) Second, (Immediate,) }

Organic Heart Disease

Paralysis

One week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

May 16/81

Undertaker,

Stewart & Warren

Place of Business,

35 Park Ave

Address,

215 N. Carrollton Ave

John T. King M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48025

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 13 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louis Seft

Sex, Male or Female, { cross out the word not required in this line. }

Age, 44 Years, 4 Months, Days.

Color,

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Druggist

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number } 236 W Fayette St

Cause of Death, { First, (Primary,) Consumption of lungs  
Second, (Immediate,) Chancion

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Park

Date of Burial, May 15 1887

Undertaker, Stewart & Menzies

Place of Business, 30 Fair Ave

Address, 131 W Fayette

Medical Attendant, R. H. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



Board of Health, City of Baltimore,

Permit No. 48026

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 13  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter H. Clarke  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 1 Years, 7 Months, Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
Occupation,   
Birthplace, { State or Country and how long in the United States, if of foreign birth. } B. City  
Duration of Residence in the City of Baltimore, 12-7  
Place of Death, { Give street and number. } 39 Covington St.  
Cause of Death, { First, (Primary.) Diphtheria  
Second, (Immediate.) Convulsion  
Duration of Last Sickness, 2 days  
All the above information should be furnished by the Physician.  
Place of Burial, Balle Cemetery  
Date of Burial, May 15 to 1881  
Undertaker, Henry Denny  
Place of Business, 263 Light St. Address, 313 Light St.  
Medical Attendant, J. H. Ellis M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 4802

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death,

May 13/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Michael Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Bald City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

86 S. Castle St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Cholera Infantum

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial, St. James Cem

Date of Burial, May 15<sup>th</sup> 87

Undertaker, M. Brown

Place of Business, 280 Canton

R. W. Mansfield M.D.,  
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *May 14<sup>th</sup>*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *George Lang*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *69* Years, Months, Days.

Color, *White* Sex, *Married*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Labor*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *32 years*

Place of Death, { Give street and number. } *No 86 Eastern av*

Cause of Death, { First (Primary,) Second (Immediate,) } *Dropsy*

Duration of Last Sickness, *8 months*

All the above information should be furnished by the Physician.

Place of Burial, *St Alphonsus*

Date of Burial, *May 16<sup>th</sup> '81*

Undertaker, *M. France* Address *214 Corner Bond St & Eastern Ave.*

Place of Business, *180 Canton Ave*

*Dr. Charles Koerner M. D.*  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48029

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 14th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hominski

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Year, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and number. } # 140 Lancaster St

Cause of Death, { First, (Primary.) Difficult Dentition accompanied by congestion of brain. Second, (Immediate.) Two weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 15th, 1881

Undertaker, M. France

Place of Business, 780 Canton Ave

John H. Rehberg M.D.,  
Medical Attendant.

Address, # 243 Alice Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Date of Death, May 11

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Reyn

Sex, Male or Female, { cross out the word not  
required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color Black

Married, Single, Widow or Widower, ~~Grown out the word not~~  
 required in this case.

Occupation \_\_\_\_\_

Birthplace, { State or country, (and how }  
 { long in the United States, }  
 { if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 133 West 54

Cause of Death, } First, (Primary.) Concussion  
Second, (Immediate.)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetery St John

Date of Burial, *May 15 - 1881* *Geo. W. Mason M.*  
Medical Attendant.

(Undertaker, John H. Owens)

Place of Business, 225 - 8 Avenue Address, 44 Hanover

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Wm. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

No. 48031

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**Permit No. 48031

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, May 13 1891Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James MurphySex, Male or Female, { cross out the word not required in this line. } MaleAge, 27 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } SingleOccupation, None - imbecileBirthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } Saratoga St No 573Cause of Death, { First, (Primary.) Second, (Immediate.) } Epileptic Convulsions  
since childhood  
caused by a cyst of brain  
about 5 days

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, New Catholic CemeteryDate of Burial, May 15 1891 A. H. Saelm M. D.Undertaker, J. B. Cook Medical Attendant.Place of Business, 207 West Patterson Address, 543 Lehigh St**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[074R.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4803.2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph M. Ginn

Sex, Male or Female, { cross out the word not required in this line. }

Age, 38 Years, Months, Days.

Color, Y.

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Salesman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Winchester Va

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 412 Lombard St.

Cause of Death { First, (Primary.) Phthisis Pulmonalis  
Second, (Immediate,) Two Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Winchester Va

Date of Burial, May 17<sup>th</sup> 1881

Undertaker, Joseph B. Cook

Place of Business, 707 W. Baltimore Address, 306 N. Fayette St.

Chas. W. Giff M. D.  
Medical Attendant,

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Trans. 2185

No. 48033

The Special Attention of Physicians

and Remarks

Last of Disease

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 13 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wilhelm Dofahl

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 8 Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

Steamer Hermann Locust Pt  
Gastric Fever

Cause of Death, { First, (Primary.) }

Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cem

Date of Burial, May 14 - 1881

{ Undertaker, H. J. Jandus.

{ Place of Business, 252. Carlton St.

Address, Commissioner of Health &amp; Registrar

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List on Back

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 13 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } August Pister

Sex, Male or Female, { cross out the word not required in this line. }

Age, 8 Years, 0 Months, 0 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Steamer Herman. Locust St. Ph

Cause of Death, { First, (Primary.) Second, (Immediate,) } BRAIN FEVER

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Church

Date of Burial, May 14 - 1881

Undertaker, H. J. J. J. J.

Place of Business, 252 Calver St

James H. J. J. J. M. D.  
Commissioner of Health  
+ Registrar

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48035

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

May 12th 1881  
Mary Stibbs

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Seventy Years, Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, None at present

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Savannah Ga

Duration of Residence in the City of Baltimore,

15 years

Place of Death, { Give street and number. }

465 N Stricker St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Hypertrophy of the heart

Duration of Last Sickness, I don't know, only knew him 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 15th 1881

Elias C Price M.D.,  
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St Address, 262 Madison Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

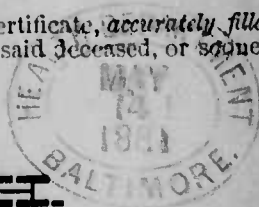
# Board of Health, City of Baltimore,

Permit No. 48036

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, 13<sup>th</sup> May 1881.  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Merthy Bowersox.  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, one Years, Two Months, Eleven Days.  
Color, White.  
Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }  
Occupation,   
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore.  
Duration of Residence in the City of Baltimore, Life time.  
Place of Death, { Give street and number. } 202. Harlem ab -  
Cause of Death, { First, (Primary.) Marasmus, Second, (Immediate.) Exhaustion  
Duration of Last Sickness, About one year -  
All the above information should be furnished by the Physician.  
Place of Burial, Loudon Park  
Date of Burial, May 14<sup>th</sup> 1881. W. Crane Ribber M.D., Medical Attendant.  
{ Undertaker, Wm Weaver  
{ Place of Business, No 2 N. Eutaw St Address, 47. Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48037

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

May 13<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Thomas L. Romoli

Sex, Male & Female

Cross out the word not required in this line.

Age,

41

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower

Cross out the word not required in this line.

Occupation,

Exhibitor of Views.  
Penn'a

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City

Baltimore,

3 weeks.

Place of Death,

Give street and number.

City - Hospital

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Bright Disease  
Uræmia

Duration of Last Sickness,

7 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Public Cemetery

Date of Burial,

May 14<sup>th</sup> 1881

Undertaker,

Patrick Mullin

Place of Business,

J. L. Laciard M.D.,  
Medical Attendant.

Address, City - Hospital

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



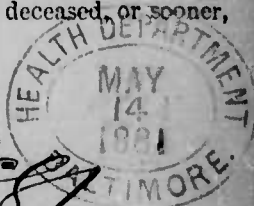
# Board of Health, City of Baltimore,

Permit No. 48038

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *May 13<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary E Dorsey*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *55* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *Yellow*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Prince Georges Co Md*

Duration of Residence in the City of Baltimore, *25 years*

Place of Death, { Give street and number. } *University Hospital*

Cause of Death, { First, (Primary.) *Purp Cellulitis*  
Second, (Immediate.) *asthma* }

Duration of Last Sickness, *16 WEEKS*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Church*

Date of Burial, *May 14, 1881*

{ Undertaker, \_\_\_\_\_

{ Place of Business, *212 E. S. Park*

*[Signature]* M.D.,  
Medical Attendant.

Address, *University Hospital*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48039

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 13 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Age, / Years, 1 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 1/2

Place of Death, { Give street and number. } 161 Howard St.

Cause of Death, { First, (Primary.) } Pneumonia  
{ Second, (Immediate.) } Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14 W. S. Borze M.D.,  
Medical Attendant.

{ Undertaker, H. Ross

{ Place of Business, 75 Lombard St. Address, 202 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm W. Harris

Sex, Male or Female, { cross out the word not required in this line. }

Age, Three Years, Months, Days.

Color, Mulatto

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number } No. 104 Sarah Ave St.

Cause of Death { First, (Primary,) Indigestion  
Second, (Immediate,) Convulsions

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, No. 120 N. Greene St.

Date of Burial, May 14<sup>th</sup> 1881

Undertaker, J. B. Gardner

Place of Business, 120 N. Greene St.

J. B. Gardner M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

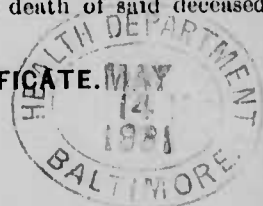
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, 14<sup>th</sup> May 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Paulina Levy  
Sex, Male or Female, { Cross out the word not required in this line. } female  
Age, 4 54 Years, 2 Months, 2 Days.  
Color, white Sex, female  
Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
Occupation, Wife of Dr. Levy  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Niedesachsen (Germany)  
Duration of Residence in the City of Baltimore, 28 Years  
Place of Death, { Give street and number. } 156 S. Caroline St  
Cause of Death, { First (Primary,) Septicæmia Second (Immediate,) same }  
Duration of Last Sickness, 5 weeks  
All the above information should be furnished by the Physician.  
Place of Burial, Trinity Cemetery  
Date of Burial, 16<sup>th</sup> May 1887  
{ Undertaker, John E. Schuch Address 120 Pearl St Boston  
{ Place of Business, 265 E. Main St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fortune Davis

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 6 Years, 6 Months,  Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 mo.

Place of Death, { Give street and number } 114 North St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Unknown  
Congestion of lungs

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 14 1881 J. H. Brankham M. D.  
Medical Attendant.

Undertaker, W. E. Brown

Place of Business, 54 Broadway Address, 28 N Calvert St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

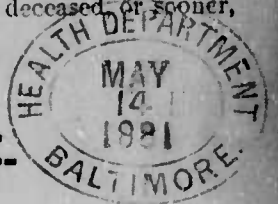
# Board of Health, City of Baltimore,

Permit No. 48043

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *May 13<sup>th</sup> 1881*

Full Name of Deceased, *James Patrick Lynn*  
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, *Male*  
Male or Female. Cross out the word not required in this line.

Age, *6* Years, *6* Months,  Days.

Color, *White*

Married, *Single*, Widow or Widower, *XXX*  
Cross out the word not required in this line.

Occupation, *XXX*

Birthplace, *Baltimore, Md.*  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, *41 S. Chapel*  
Give street and number.

Cause of Death, *Valvular Heart disease*  
First, (Primary.) Second, (Immediate.)

Duration of Last Sickness, *Some three or four weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross*

Date of Burial, *May 15<sup>th</sup>*

Undertaker, *M. Clarke & Sons*

Place of Business, *64 E. Baltimore*

Address, *49 E. Baltimore*

*James E. Drinnan* M.D.,  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48044

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

May 14<sup>th</sup> 81

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

John Floetter

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Years,

2

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

381 W. Pratt St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Trinity Ch. Cemetery

Date of Burial,

May 15<sup>th</sup> 1881

Undertaker,

Peter Frey

Place of Business,

91 E. Etern Ave

J. G. Womble

M.D.,

Medical Attendant.

Address, 205 W. Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48045

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, May 14<sup>th</sup> 1881

Full Name of Deceased, Elisabeth Wacker  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Female Cross out the word not required in this line.

Age, 6 Years, 16 Months, 16 Days.

Color, white

Married Cross out the word not required in this line.

Occupation, Balt<sup>o</sup> Rd

Birthplace, Baltimore (State or Country and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, N<sup>o</sup> 148 W. Lombard St (Give street and number.)

Cause of Death, Cholera Infantum  
First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 15<sup>th</sup> 1881

Undertaker, Wm. J. Tiekner

Place of Business, 65 S. Eutan Address, 163 W. Lombard St

Henry Salzer M.D.,  
 Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48046

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 12, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Burke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years, Months, Days.

Color, wht

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, shoemaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 47 Lemmon ally

Cause of Death, { First, (Primary.) Consumption  
Second, (Immediate.) }

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cem

Date of Burial, May 15th 1881

Undertaker, Jos H Byrne

Place of Business, 39 N Liberty St

Chas Janyker M.D.  
129 W Biddle  
I have not prescribed for this man but know of his case. He had no physician.  
Address, Chas Janyker

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4-104  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH

Date of Death, 14<sup>th</sup> May at 9 o'clock P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Catharine Chew

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Female

Age, 27 Years, — Months, — Days.

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

no father (illegitimate)

Occupation,

Washer Woman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

13 Stockholm Street  
about country

Duration of Residence in the City of Baltimore,

10 years

Place of Death, { Give street and number }

13 Stockholm Street

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Child Bed  
Soft Blood  
or hemorrhage  
3 days

Duration of last Sickness,

All the above information should be furnished to the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, May 14 1881

C. C. Richardson M. D.  
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 198<sup>th</sup> Howard St.

Address, Lombard & Fremont  
Sts.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48048

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Redmond Dewson

Sex, Male or Female. { Cross out the word not required in this line. }

Age, 50 Years, Months, Days.

Color, White

Married, Single ~~Widow~~ ~~Widower~~. { Cross out the word not required in this line. }

Occupation, Seaman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Worcester, Mass

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } St. Joseph's Hospital

Cause of Death, { First, (Primary.) Fracture of leg & General Contusions  
Second, (Immediate.) Pilonitis  
Three weeks

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Brooklyn N.Y.

Date of Burial, May 16<sup>th</sup> 1881

Undertaker, A. N. Jenkins

Place of Business, Address, St. Joseph's Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2186. J. J. J. J.

No. 48049

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 14

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Era Mills

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 9 Years, 26 Months,  Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 411 N. Calhoun

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, { Give street and number } 411 N. Calhoun

Cause of Death, { First, (Primary.) Whooping Cough  
Second, (Immediate,) severe Prostration

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Linden Park cemetery

Date of Burial, May 15 1881

{ Undertaker, Wm B. Cook

{ Place of Business, No 707 N. Baltimore Street Address, W. Stuckert & Packer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



# Board of Health, City of Baltimore,

Permit No. 48050

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Patterson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, About 70 Years,

Months,

Days.

Color,

White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

None

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Massachusetts

Duration of Residence in the City of Baltimore,

Most of her life

Place of Death, { Give street and number. }

25 N Poppleton St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Typhoid pneumonia

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Physician attended 2 days

Place of Burial,

Louisa Park Cemetery

Date of Burial, May 15<sup>th</sup> 1881

Elias C Price

M.D.,

Medical Attendant.

{ Undertaker, Quincy and Mitchell

{ Place of Business, 530 N Fayette St

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,  
Permit No. 48057 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, May 13<sup>th</sup> 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick S. Stricker Stricker  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 23 Years, Months, Days.  
Color, white  
Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
Occupation, Barber  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Prussia - 1 day in U.S.  
Duration of Residence in the City of Baltimore, 1 day  
Place of Death, { Give street and number. } Cor. Harford Ave & Hoffman  
Cause of Death, { First, (Primary.) Heat  
Second, (Immediate.) Infection  
Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.  
Date of Burial, May 15<sup>th</sup> 1881  
{ Undertaker, Hy & Bro  
{ Place of Business, Broadway  
Address, Corner N. P. D.  
Edw. J. Walker M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No.

48052

48003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

May 14<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Hector Brown

Sex, ~~Male or Female~~, { cross out the word not required in this line.

Male

Age,

Years,

7

Months,

Days.

Color, *E*

~~Married, Single, Widower or Widow~~, { Cross out the word not required in this line.

Occupation,

Don't Know

Birthplace, { State or country, (and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number

13 Jordan Al

Cause of Death

{ First, (Primary.)

Second, (Immediate.)

Spasms

Duration of last Sickness,

3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 15<sup>th</sup> 1881

Undertaker,

Chas T Scribn

Place of Business,

241 N. Euter St

Address,

201 W. Biddle St

R. H. Henslow

M. D.

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Howard Freeman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 5 Months, 29 Days

Color, Black Sex, male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No 80 East St

Duration of Residence in the City of Baltimore, 270 37110 29 days

Place of Death, { Give street and number. } # 83 Forrest St

Cause of Death, { First (Primary), Second (Immediate), } Malarial Fever

Duration of Last Sickness, 1<sup>st</sup> week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15<sup>th</sup> 1881

Undertaker, H. M. Dwyer

Place of Business, East-st over Douglas

J. E. Gorman M. D. Medical Attendant

Address, Cor. Aigun St & Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. *48054*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

*May 13<sup>th</sup> 1881.*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Conrad Oed*  
*Male*

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

*25*

Years,

Months,

Days.

Color,

*White*

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

*Single*

Occupation,

*Barber*

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

*Germany*

Place of Death,

{ Give street and number. }

*255 S Bond*

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

*Phthisis Pulmonalis*

Duration of Last Sickness,

*Over one year*

All the above information should be furnished by the Physician.

Place of Burial,

*1<sup>st</sup> Evangelic Church*

Date of Burial,

*May 15<sup>th</sup> 1881*

*R. W. Cathell* M.D.,  
Medical Attendant.

{ Undertaker,

*Henry Sander*

{ Place of Business,

*252 Canton ave.*

Address, *2 W Broadway*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48055

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 18<sup>th</sup> 1908

Full Name of Deceased, Redmund Lewis  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 56 Years, 3 Months,  Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, England  
{ State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 years

Place of Death, 1305 Eden  
{ Give street and number. }

Cause of Death, Chronic Rheumatism  
{ First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness, 2 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, May 16<sup>th</sup>

Undertaker, W. Frank

Place of Business, 33 Bank St. Address, 28. Cor Calvert

Geo. B. Reynolds  
M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**Board of Health, City of Baltimore,**  
Permit No. 48054 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

**CERTIFICATE OF DEATH.**

Date of Death, May 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Barnes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 4 Months,        Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or Country and how long in the United States. if of foreign birth. } Balto, Md.

Duration of Residence in the City of Baltimore,       

Place of Death, { Give street and number. } 13 Randall St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Measles.  
Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore - Central

Date of Burial, May 16<sup>th</sup>

Undertaker, B. Tharle

Place of Business, No 82 West Address, 152 Sharp St.

R. J. W. Tall M.D.,  
Medical Attendant.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *48057*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

*May 13. 1881*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

*Mrs Harriet Harrington*

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

*69* Years,

Months,

Days.

Color,

*White*

~~Married~~, ~~Single~~, Widow or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

*Housewife*

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

*Dorchester Co. Md.*

Duration of Residence in the City of Baltimore,

*Now forty yrs.*

Place of Death,

{ Give street and number. }

*Nb Lombard & Hopkins.*

Cause of Death,

{ First, (Primary.)

Second, (Immediate.)

*Cerebral Apoplexy  
Convulsions*

Duration of Last Sickness,

*One day*

All the above information should be furnished by the Physician.

Place of Burial,

*Mt. Carmel Cemetery*

Date of Burial,

*May 15" 1881*

*G. C. Lusk M.D.,*

Medical Attendant.

{ Undertaker,

*M. A. Daiser*

{ Place of Business,

*40 S. Broadway*

Address,

*Balt. & Wash.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48058

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 13. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Glaherty

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 63 Years, Months, Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant Builder

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Galway, Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 24 S. Ann St.

Cause of Death, { First, (Primary.) } Friction in and  
Second, (Immediate.) } Marasmus

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, May 18 " 1881

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Medical Attendant, G. G. Lusk M.D.,

Address, Balto. & Wash. D.C.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48059

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 13, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May Florence Leblond Miesbach

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 8 Years, 8 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } XXX

Occupation, XXX

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 257 Gough St.

Cause of Death, { First, (Primary.) Tubercular Meningitis  
Second, (Immediate.) Eclampsia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Augustine Church

Date of Burial, May 15th

Medical Attendant.

{ Undertaker, Wm. D. Dyer

{ Place of Business, S. Bond St. 151 Address, 399 E. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No.

48111

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louise Lumoin

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 96 Years,

Months,

Days.

Color, Whites

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

West Indies, Island O, Keis

Duration of Residence in the City of Baltimore,

Sixty years

Place of Death, { Give street and number. }

62 84

Bank St.

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Old age.

Duration of Last Sickness,

One month

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Church

Date of Burial, May 15

Nicholas L. Dashiell M.D.,  
Medical Attendant.

{ Undertaker, Wendel Dippel

{ Place of Business, 1. Bond St. 151

Address, 207 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Becker

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 50 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Box Manufacturing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Marburg Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number } 141 Cr. High St.

Cause of Death { First, (Primary,) Second, (Immediate,) } dropy

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, May 16<sup>th</sup> 81

John Menni M. D.  
Medical Attendant.

{ Undertaker, Ran & Barlett

{ Place of Business, 62 1/2 W. Baltimore St. Address, 57 Franklin St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



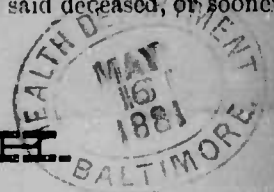
# Board of Health, City of Baltimore,

Permit No. *48062*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *May 14<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Lina Jacob*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *40* Years, *—* Months, *—* Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Taylor*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *17* years

Place of Death, { Give street and number. } *237 S. Duken*

Cause of Death, { First, (Primary.) } Second, (Immediate.) } *Cholera nostris*  
*Perforatio cordis*

Duration of Last Sickness, *2 days*  
All the above information should be furnished by the Physician.

Place of Burial, *St. Paul's Cem*

Date of Burial, *May 16<sup>th</sup> 1881*

Undertaker, *George Sander*

Place of Business, *252 Baltimore* Address, *252 Baltimore*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48063

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 15<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fanny Turnbull

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 63 Years, 1 Months, 5 Days.

Color,

white

~~Married~~, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

422 Park Av.

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Disease of Stomach (Carcinoma?)

Duration of Last Sickness,

Two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 17<sup>th</sup> 1881

Undertaker, Hewfentini & Son

Place of Business, 75 N. Charles St.

Reggie Bricker M.D.,  
Medical Attendant.

Address, 135 N. Charles St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jeremiah Crane

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 65 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, thirty years

Place of Death, { Give street and number } 121 S. Street

Cause of Death, { First, (Primary.) } Concussion of Brain  
{ Second, (Immediate.) } Softening of Brain

Duration of last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, May 16<sup>th</sup> 1881

Undertaker, Geo. B. Cook

Place of Business, 12707 N. Baltimore Street

Address, 204 Carrollton Ave

John Neff M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

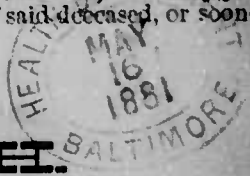
# Board of Health, City of Baltimore,

Permit No. 48065

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

May 15<sup>th</sup> 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

George Davidson Guy

Sex, Male or ~~Female~~

Cross out the word not required in this line.

Age,

1

Years,

7

Months,

25

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Life time.

Place of Death,

Give street and number.

23 Holland st

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Scarlatina Anginosa

Duration of Last Sickness,

Fourteen days

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

May 16<sup>th</sup>

R. M. Cathers

M.D.,

Medical Attendant.

Undertaker,

Charles T. Serwa

Place of Business,

271 Eutan st

Address,

2 V Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



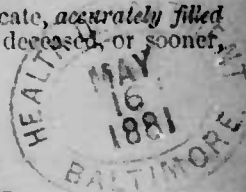
Permit No. 48066

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

May 14<sup>th</sup> 1881.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mentha E Bower

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

1

Years,

9

Months,

16

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Single

Occupation,

None

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Columbus Ohio

Duration of Residence in the City of Baltimore,

Four weeks.

Place of Death,

{ Give street and number. }

81 E Baltimore St

Cause of Death,

{ First, (Primary) Second, (Immediate) }

Asthma after measles about five weeks

Duration of Last Sickness,

about ten weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 16<sup>th</sup> 1881

D M Cothrell

M.D.,

Medical Attendant.

Undertaker,

Thos. S. Haynes

Place of Business,

60 E Baltimore St

Address,

2 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

This Permit Must, in all Cases, Accompany  
the Body to its Destination.

Permit No. 48067

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 15<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Edward Billinger

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, \_\_\_\_\_ Years,

10

Months,

13

Days.

Color,

White

Sex,

Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

345 Santiago St

Cause of Death, { First (Primary),  
Second (Immediate), }

Meningitis  
Convulsions

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 16<sup>th</sup> 1881

Jas. E. Gibbons

M. D.

Medical Attendant.

Undertaker, L. Lewis Schayer

Place of Business, 109 W. Fremont

Address 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48068

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 15, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Jane Roskey

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 2 Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. Co. Md.

Duration of Residence in the City of Baltimore, Six months

Place of Death, { Give street and number. } Belle Air Ave.

Cause of Death, { First, (Primary.) } Diptheria  
 { Second, (Immediate.) } # Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 16<sup>th</sup>

{ Undertaker, Geo. Schilling

{ Place of Business, Ashland Square

G. H. Rosk M.D.,  
 Medical Attendant.

Address, Balt. & Wash. Sts.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 15<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Washington F. Stapp

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, 9 Months, Days.

Color, White Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 143 Vine St.

Cause of Death, { First (Primary,) Diphtheria  
Second (Immediate,) Convulsions

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Last home

Date of Burial, Sunday May 16<sup>th</sup> 1881

{ Undertaker, Edward Stuppel Address

{ Place of Business, No 60 Park Ave.

M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48070

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 14<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Woolakin

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Bachman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Lin

Duration of Residence in the City of Baltimore, 106 N. Holliday St

Place of Death, { Give street and number. } Scarlet fever, (Angerona)

Cause of Death, { First, (Primary.) Exhaustion  
Second, (Immediate.) } 5-8 days

Duration of Last Sickness, 5-8 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, May 16

Undertaker, B. Hall

Place of Business, 82 West St Address,

Medical Attendant, J. S. Reynolds M.D.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48071

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Grubbs

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 Years, 7 Months, 7 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balch

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 552. Hanover

Cause of Death, { First, (Primary.) Heat  
Second, (Immediate.) Sunstroke }

Duration of Last Sickness, 20 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 16

Medical Attendant, Theodore C. C. M.D.,

{ Undertaker, B. H. H. }  
{ Place of Business, 82 West 1<sup>st</sup> St. } Address, 146 Hanover St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48072

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 15th. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellen R. Holman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ——— Years, 11 Months, ——— Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } Randall St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Tubercular Meningitis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 16

Undertaker, B. Harb

Place of Business, 82 West St. Address, 146 Hanover St

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordered, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 48073

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 14 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lalet Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 1/2 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number. } 26 Ohio Av.

Cause of Death, { First, (Primary.) } Phtthisis  
{ Second, (Immediate.) } Atheria

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16 1881

Undertaker, Geo W Perkins

Place of Business, 130 Henrietta St Address, 206 Sharp St

W S Boye M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



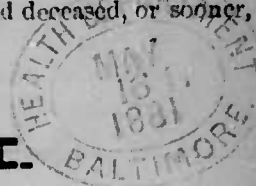
# Board of Health, City of Baltimore,

Permit No. 480

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, May 15 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Lerp

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 225 S. Charles St

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate.) Convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 17

{ Undertaker, Henry Brice

{ Place of Business, Henrietta St 81 Address, 244 N. Calver St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48075

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, May 15, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Mary A. Maister,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 42 Years, Months, Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Housewife,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bal. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 434 E. Fayette St.

Cause of Death, { First, (Primary.) Phthisis Pulmonalis }  
 { Second, (Immediate.) } Deceased from  
 Three months

Duration of Last Illness, Three months

All the above information to be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 17

Undertaker, J. J. Lusk

Place of Business, 374 Broadway Address, Bal. Md.

Medical Attendant, G. G. Lusk M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48076

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Burdie Diamond

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Months, Eight Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 50 North Caroline St.

Cause of Death, { First, (Primary.) Second, (Immediate.) Congestion of the brain

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 16th.

Wilton A. Taylor M.D.,  
Medical Attendant.

{ Undertaker, Henry Sander

{ Place of Business, 252 Canton Ave. Address, Broadway & No. Elders.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48077

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, May 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Yeak

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 1/2 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } D. D. Hospital

Cause of Death, { First, (Primary.) Death Tuberculosis  
Second, (Immediate.) Exhaustion }

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 16 1881

{ Undertaker, Smith

{ Place of Business, Monument Street Address, 1887 Adams

Oscar J. Lester M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48078

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

May 11 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

William Beard

Sex, Male or Female,

Cross out the word not required in this line.

Age,

About 45

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Not Known

Occupation,

Seaman

Birthplace,

State or Country and how long in the United States, if of foreign birth.

England

Duration of Residence in the City of Baltimore,

1 Day

Place of Death,

Give street and number.

University Hospital

Cause of Death,

First, (Primary.)

Fracture of Vertebral Column

Second, (Immediate.)

Shock and Right Leg

Duration of Last Sickness,

1 Day

All the above information should be furnished by the Physician

Place of Burial,

W. Public Cemetery

Date of Burial,

May 13 1881

M.D.,

Undertaker,

Wm. A. Kerchner

Place of Business,

50 S. Carrollton Ave

Address,

University Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

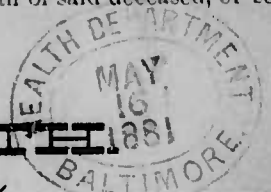
# Board of Health, City of Baltimore,

Permit No. *48079*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

*May 14, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Walter Barney*

Sex, Male or Female, { Cross out the word not required in this line. }

*Male*

Age, ————— Years,

*7*

Months,

Days.

Color,

*Color*

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

*Single*

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

*Balt.*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death, { Give street and number. }

*6 Salisbury Ay.*

Cause of Death, { First, (Primary.) }

*Defective Digestion and Assimilation*

{ Second, (Immediate.) }

*Asthma.*

Duration of Last Sickness,

*2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Samuel Dimentery*

Date of Burial, *May 16 1881*

{ Undertaker, *Charles A. White*

{ Place of Business, *35 Granby St*

*John F. Powell* M.D.,  
Medical Attendant.

Address, *227 Canollton Ave*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Oppell

Sex, Male or Female, { cross out the word not required in this line. }

Age, 74 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number } Eastern Ave near Madiera

Cause of Death, { First, (Primary.) Second, (Immediate.) } Senile decay

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Church

Date of Burial, May 14 1887 Anna A. Stenard M. D.

{ Undertaker, H. Sander } Commissioner of Health

{ Place of Business, Canton Ave Address, + Registrar }

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Exam by Geo E. Taylor [over]

No. 48081

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, 14<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Georgiana Neens

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 2 Months, 10 Days.Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

No 15 Morris Alley

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

No 15 Morris Alley

Cause of Death, {

First, (Primary,)

Second, (Immediate,)

Starvation

Duration of last Sickness, \_\_\_\_\_

one week

All the above information should be furnished by the Physician.

Place of Burial, Green CemeteryDate of Burial, May 16 1881W. B. Parmer

M. D.

Medical Attendant.

Undertaker, William H. DengerPlace of Business, No 62 East StAddress, Street & Townsend St**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 14, 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elij Dandye

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 55 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Blk

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Washerwoman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give street and number } 37 Carleton

Cause of Death { First, (Primary.) Myeloid  
Second, (Immediate,) fever

Duration of last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, May 16 1881

{ Undertaker, S. W. Chase

{ Place of Business, 192 Howard St

Henry M. Dandye M. D.  
Medical Attendant.

349 E. E. St  
Address,

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 48083

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, May 15<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Serdalia Ridley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, Black

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 61. Watson St.

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate.) }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Ashbury Cemetery

Date of Burial, May 15<sup>th</sup> 1881 E. J. Prop M.D.,  
Medical Attendant.

{ Undertaker, Geo. H. Perkins & Co.

{ Place of Business, 130 Henrietta Address, 137 Adams St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Saml E. Whappman

Sex, Male or Female, { cross out the word not required in this line. }

Age, 7 Years, 7 Months, Days.

Color, white

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 255 Wolf St Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 255 Wolf St

Cause of Death { First, (Primary,) Eczema Marasmus  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 17 1881

Geo T. Corser M. D.  
Medical Attendant.

Undertaker, Henry Hooper

Place of Business, 324 Central Ave Address, Garden Hill Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48085

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

16th May. 81.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Joseph Batoschew

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

2 Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

H. Barwood

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Eclampsie

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

H. Alfansus Bernety

Date of Burial,

18th of May.

W. Hoffman

M.D.,

Medical Attendant.

Undertaker,

Sam Fink

Place of Business,

461 V. Gay St.

Address,

37 Hagerstown.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48086

Office of Registrar of Vital Statistics.

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No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 15, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James McKestine

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Balt. Mest.

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 357 Alice Anna St.

Cause of Death, { First, (Primary.) } Scarlatina  
 { Second, (Immediate.) } Pneumatic Fever,

Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 17<sup>th</sup>

Undertaker, Henry Sunder

Place of Business, 256 Canton Ave. Address, Balt. & Wash. St.

G. G. Lusk M.D.,  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48087

Office of Registrar of Vital Statistics.

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No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 16/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carl Weitzel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, / Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 17<sup>th</sup>

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

B. W. Mansfield M.D.,  
Medical Attendant.

Address, 117 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physician

THE BOARD OF HEALTH

Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 15 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Hope

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 88 Years, Months, Days,

Color, white

Married, Single, Widowed, { Cross out the word not required in this line. }

Occupation, V

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 83 years

Place of Death, { Give street and number } Union Protestant Infirmary

Cause of Death { First, (Primary.) Old Age  
Second, (Immediate.)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 17 Chris Tawcett M. D.  
Medical Attendant.

Undertaker, C. H. Pizzara

Place of Business, 207 Pen ar Address, 92 Mosher St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 48089

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**\* CERTIFICATE OF DEATH.**Date of Death, May 16<sup>th</sup> 1881.Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward RutterSex, Male or ~~Female~~, { cross out the word not required in this line. }Age, 70 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }Occupation, LawyerBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 89 S. Camden St.Cause of Death, { First, (Primary.) Second, (Immediate.) } gastroenteritis  
apoplexia cerebraDuration of last Sickness, about 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CemeteryDate of Burial, May 17<sup>th</sup> H. Myers M. D.  
Medical Attendant.{ Undertaker, Geo. Schilling{ Place of Business, Arkland Square Address, 95 S. Sharp St.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DUNN &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48090

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 14, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John P. Yearley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Sail-maker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 98 Ann St.

Cause of Death, { First, (Primary.) } Phthisis Pulmonalis  
{ Second, (Immediate.) } Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 17, 1881

{ Undertaker, Wm. H. Hickman

{ Place of Business, 234 N. Gay St Address, Balt. & Ann St.

H. E. Cook M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48091

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laurence Elwood Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 2 Months, 10 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 156 1/2 Spring Street

Cause of Death, { First, (Primary.) } Gastric Intestinal Catarrh  
{ Second, (Immediate.) } Exhaustion

Duration of Last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 18th 1881

{ Undertaker, C. A. White } M.D., J. W. L. Linn  
{ Place of Business, Grady St. } Medical Attendant.

Address, 156 1/2 Spring Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Meisner

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 74 Years, — Months, — Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number } Cor. Lemon & Goldsmith ally near Monroe

Cause of Death, { First, (Primary.) Old age }  
{ Second, (Immediate,) — }

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 18<sup>th</sup> 1881

{ Undertaker, J. B. Cook } J. B. Cook M. D.

{ Place of Business, 707 N. Balto St } Address, Commissioner of Health  
Registrar

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of legitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS

Attest: Geo. E. Brown [OFFICIAL]

# Board of Health, City of Baltimore,

Permit No. 48093

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Unknown May 16 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Schornhaas

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 58 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Unknown

Occupation, Jeweler

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and number. } Harbor

Cause of Death, { First, (Primary.) Second, (Immediate.) } Drowned

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, May 16/81

Undertaker, And A. Rechner

Place of Business, #50 Carrollton Ave Address, 151 Sharp St

J. A. Bell M.D.,  
Coroner & Dist.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 13<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Bailey

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Six Years, Six Months, — Days.

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Six months

Place of Death, { Give street and number } 101 N. St.

Cause of Death { First, (Primary.) Croup  
Second, (Immediate,) Suffocation

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, May 17<sup>th</sup> 1881 J. B. Gardner M. D.  
Medical Attendant,

{ Undertaker, Harold W. Chase

{ Place of Business, 198 W. Howard St. Address, 120 N. Greene St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 16<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Mary Loules

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age,          Years, 6 Months,          Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,         

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 177 S. Dallas St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Measles

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lacerel Cemetery

Date of Burial, May 18<sup>th</sup> 1881 Sam A. Hunt M. D.

Undertaker, The L. J. Leck

Place of Business, 73 Jefferson St Address, Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor [initials]

# Board of Health, City of Baltimore,

Permit No. 48096

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 15<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Thomas P. Kernan*

Sex, *Male* ~~or Female~~, { Cross out the word not required in this line. }

Age, *38* Years, *—* Months, *—* Days.

Color, *White*

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore - Md*

Duration of Residence in the City of Baltimore, *All his life -*

Place of Death, { Give street and number. } *118 Ensor St. Balto.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Pneumonia Asthenia*

Duration of Last Sickness, *2 weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *May 18 1881*

Undertaker, *James D. Byrne*

Place of Business, *No 63 N Front St*

Address, *45 Franklin St*

*W. A. Smith M.D.,*  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48097

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) }

{ Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, May 18, 1881

{ Undertaker, Philip J. Dill

{ Place of Business, 183 Columbia Ave. Address, 203 N. Lombard

J. G. H. M. D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eleanor Wilson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 72 Years, Months, Days.

Color, White, Sex, ~~Sea~~

Married, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Co. ✓

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, { Give street and number. } 175 Lanvale St.

Cause of Death, { First (Primary,) Organic Disease Heart  
{ Second (Immediate,) (mitral valve, with hypertrophy)  
Six weeks.

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 19<sup>th</sup> May 1881

{ Undertaker, W. H. Deane & Son

{ Place of Business, 75 N. Charles Address 274 Madison Ave

H. W. Owings M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

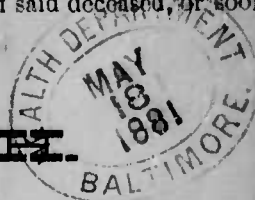
# Board of Health, City of Baltimore,

Permit No. 48099

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, May 17<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman J. Jaffka

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 33 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, Single, ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Cigar maker

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } Southern Police Station

Cause of Death, { First, (Primary.) Second, (Immediate.) } Suicide by Landrum

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 18<sup>th</sup> 1881 D. A. Bee M.D.,

{ Undertaker, Julius Koehler, Corner So. Dist.

{ Place of Business, Thayer & Cross St. Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

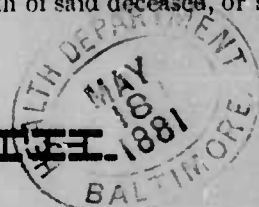
# Board of Health, City of Baltimore,

Permit No. 48100

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, May 17 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Bock

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 27 Years, --- Months, --- Days.

Color, white

Married, ~~Single~~ Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, ---

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 14 S. Central Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Typhoid Fever  
Paralysis Cordis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, May 19 1881

{ Undertaker,  McLunk

{ Place of Business,  35 Bank St Address, ---

James A. Shum M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Copy

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48101

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>generally filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 17. 7. p. m.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Erwig Walkey

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 40 Years, 14 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Scholar

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Thirteen

Place of Death, { Give street and number } 28. Bwan

Cause of Death, { First, (Primary.) Second, (Immediate.) } Erysipelas of the Face  
Erysipelas

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 19

Undertaker, H. Brice

Place of Business, Anneta St 81

John I. Liker M. D.  
Medical Attendant.

Address, 160 Saratoga

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 15<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dennis Saunders

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, abt 40 Years, — Months, — Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 212 Alice Ann Street

Cause of Death, { First, (Primary,) Second, (Immediate,) } 3 Killed Slatted in neck

Duration of last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Eastern Public Burial

Date of Burial, May 15<sup>th</sup>

Undertaker, Patrick Mullin

Place of Business, —

Chas M. Moffat M. D.  
Medical Attendant.

Address, 67 E Balto Street

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 48103

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 17 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Walter George Hogan

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

4 Years,

2

Months,

Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

100 Lee St

Cause of Death, { First, (Primary.) }

Chronic Hydrocephalus

Second, (Immediate.)

Convulsions

Duration of Last Sickness,

14 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 19 May 1881

{ Undertaker, N. F. Curran

{ Place of Business, 53 S. Broadway

H. W. Heblitz M.D.,  
Medical Attendant.

Address, 57 Barnard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48104

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 16, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, 12 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } St Vincent's Infant Asylum

Cause of Death, { First, (Primary.) Congenital Syphilis  
Second, (Immediate.) Perinatal Asphyxia

Duration of Last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 19, 1881

Undertaker, W. Bramigan

Place of Business, 56 Division St.

Address, 68 N. Calvert St.

Medical Attendant, M.D.,



Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48105

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 18, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Teresa

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 10 days

Place of Death, { Give street and number. } St. Vincent's Infant Asylum

Cause of Death, { First, (Primary.) Marasmus  
Second, (Immediate.) }

Duration of Last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Pine Brook

Date of Burial, May 19, 1881

Undertaker, Dr. Brannigan

Place of Business, 156 Division St. Address, 6841 E. Culbert St.

Marbury Brewer M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48106

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, 17<sup>th</sup> day May 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles James

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 19 Years, Months, Days.

Color, Black

Married, Single, Widower or Widowed, { Cross out the word not required in this line. } Porter

Occupation, Porter

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } 17 Conway St

Cause of Death, { First, (Primary.) Natural  
Second, (Immediate.) Consumption

Duration of Last Sickness, One year & 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cem.

Date of Burial, May 18<sup>th</sup> 81

Undertaker, Geo. H. Perkins & Co.

Place of Business, 130 Henrietta St

Medical Attendant, J. L. Wilby M.D.

Address, 167 Franklin St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *May 18<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Bell*

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } *Female*

Age, *15* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *Black*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Chambermaid*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Christiana Md*

Duration of Residence in the City of Baltimore, *Six years*

Place of Death, { Give street and number } *No 101 Orchard St.*

Cause of Death { First, (Primary.) *Scrophula*  
Second, (Immediate,) *Phthisis*

Duration of last Sickness, *Three & half months*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp st Cemetery*

Date of Burial, *May 19<sup>th</sup> 1881*

Undertaker, *Saml W Chase*

Place of Business, *198 S. Howard St* Address, *Lilburn & Lexington Sts*

*David M. Wise* M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48108

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 17, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Hugo

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Taylor

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, { Give street and number. } 58 Portland St.

Cause of Death, { First, (Primary.) Rheumatism }  
{ Second, (Immediate.) }

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, May 19<sup>th</sup>.

Undertaker, E. Schloman

Place of Business, No 200 S. Sharp Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

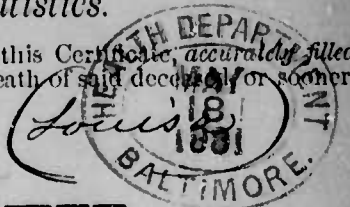
# Board of Health, City of Baltimore,

Permit No. 48109

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *July 18 1881*

Full Name of Deceased, *Elizabeth P. Banhardt*  
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, *Female*  
Cross out the word not required in this line.

Age, *4* Years, *10* Months, *15* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*  
Cross out the word not required in this line.

Occupation, *None*

Birthplace, *W. Va.*  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *10 years*

Place of Death, *No. 11 1/2 E. Baltimore St.*  
Give street and number.

Cause of Death, *Spasms*  
First, (Primary.)  
 Second, (Immediate.)

Duration of Last Sickness, *One day*

All the above information should be furnished by the Physician.

Place of Burial, *Fifth St. C.M.*

Date of Burial, *May 19<sup>th</sup> 1881*

Undertaker, *H. M. Gibmeyer*

Place of Business, *No 344 Center av.*

Medical Attendant, *J. H. [Signature] M.D.*

Address, *244 [Signature]*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



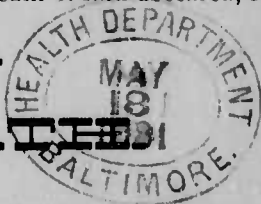
# Board of Health, City of Baltimore,

Permit No. 48110

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, May 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Talbot

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Baker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, a few hours

Place of Death, { Give street and number. } City Hospital

Cause of Death, { First, (Primary.) Accidentally run by N E R R Train  
Second, (Immediate.) Leg crushed off

Duration of Last Sickness, Shock & hemorrhage

All the above information should be furnished by the Physician.

Place of Burial, Parkton Baltimore

Date of Burial, May 19<sup>th</sup> 1881

Undertaker, Andrews & Hodge

Place of Business, No 486 Grand Hall Address, Corner M D D

Edm J Walker M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2188 Transit

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *May 18<sup>th</sup> 1881*  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William A. McBlain*  
Sex, Male or Female, { Cross out the word not required in this line. } *Male*  
Age, *66* Years, *8* Months, *15* Days.  
Color, *White* Sex, *Male*  
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Married*  
Occupation, *Retired Farmer*  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Batavia Clermont Co Ohio*  
Duration of Residence in the City of Baltimore, *nearly 2 years*  
Place of Death, { Give street and number. } *203 North Howard St*  
Cause of Death, { First (Primary.) *Pericarditis*  
Second (Immediate.) *Hydropericardium* }  
Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Indiana*

Date of Burial, *May 19<sup>th</sup> 1881*

{ Undertaker, *Andrew S Hodge* Address  
{ Place of Business, *No 486 Druid Hill Ave*

*Wm B. Hadden* M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to give notice, to the Undertaker or other person or persons superintending the burial, a written statement, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a written statement setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*2187 Transit*

# Board of Health, City of Baltimore,

Permit No. 48112

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 17<sup>th</sup>*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Wm H. Homer*

Sex, Male or Female, Cross out the word not required in this line. *Male*

Age, *65* Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, Cross out the word not required in this line. *Single*

Occupation, *Merchant*

Birthplace, (State or Country and how long in the United States, if of foreign birth.) *England*

Duration of Residence in the City of Baltimore, *50 yrs.*

Place of Death, (Give street and number.) *12 N. Cony St.*

Cause of Death, First, (Primary.) *Heart Disease*  
Second, (Immediate.) *Low Power*

Duration of Last Sickness, *Two hours*

All the above information should be furnished by the Physician.

Place of Burial, *Loudon Park*

Date of Burial, *May 20<sup>th</sup> 1881*

Undertaker, *Devery & Mitchell*

Place of Business, *50 N. Fayette St.* Address, *Fayette St. & P. O. Bldg.*

Medical Attendant, *Geo. S. McWhorter M.D.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

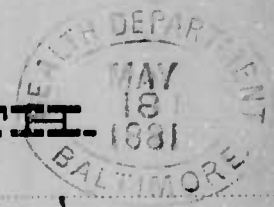
# Board of Health, City of Baltimore,

Permit No. *48113*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *May 14 1881*

Full Name of Deceased, *Joseph Weil*  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, *Male*  
Cross out the word not required in this line.

Age, *62* Years, *—* Months, *—* Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, *—*  
Cross out the word not required in this line.

Occupation, *Merchant*

Birthplace, *Germany*  
State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *40 years*

Place of Death, *78 N. Penna St.*  
Give street and number.

Cause of Death, *Chronic bronchial catarrh*  
*Congestion of the lungs.*  
*Four weeks.*  
First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, *Four weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Balto. Hebrew Cem.*

Date of Burial, *May 19<sup>th</sup> 1881*

Undertaker, *Wm. J. Tickner*

Place of Business, *65 S. Eutaw* Address, *—*

*A. R. Squard* M.D.,  
 Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 18/81

Full Name of Deceased, Conrad Swartz  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ cross out the word not required in this line. }

Age, 63 Years, 6 Months, 23 Days.

Color, White

Married, Single, ~~Widow~~ or Widower, Single  
{ Cross out the word not required in this line. }

Occupation, Blacksmith

Birthplace, Germany  
{ State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 years

Place of Death, 57 Pryor St.  
{ Give street and number }

Cause of Death Constriction of brain  
{ First, (Primary.)  
Second, (Immediate.) }  
Five (5) Days.

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 20 1881

Undertaker, Geo. B. Covert

Place of Business, 10707 Baltimore Street

J. L. Spurr M. D.  
Medical Attendant.

387 W. Lombard St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

**Board of Health, City of Baltimore,**

Permit No. 4815

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

### No Permit for Burial Can be Obtained Without a Proper Certificate.

# CERTIFICATE OF DEATH

Date of Death,

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Sex, Male or Female,* { Cross out the word not  
required in this line. }

Age, 9 Years, 1 Months, 27 Days.

Color, *White*

*Married, Single, Widow or Widower,* { Cross out the word not }  
 { required in this line. }

Occupation,

*Birthplace,* { State or Country and how  
long in the United States,  
if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and }  
                                  { number. }

*Cause of Death,* } First, (Primary.)  
                              } Second, (Immediate.)

Duration of Last Sickness,

**All the above information should be furnished by the Physician.**

Place of Burial, *London York*

Date of Burial, *May 19<sup>th</sup> 1881*

(Undertaker, *C. M. Leonard & Son*

Place of Business, 782 W. Baltimore

*Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[OVER.]

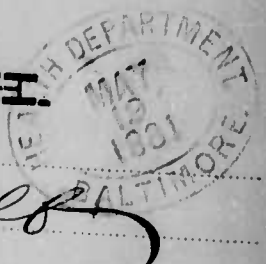
Permit No. 48116

**Board of Health, City of Baltimore,**  
Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

**CERTIFICATE OF DEATH.**



Date of Death,

May 18, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Henry Adolph

Sex, Male or Female.

Cross out the word not required in this line.

Age,

39

Years,

Months,

Days.

Color,

White

Married, Single, Widowed or Widower.

Cross out the word not required in this line.

Occupation,

Hair Factory Employee

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore,

2 years

Place of Death,

Give street and number.

368 Ramsay St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Pneumonia

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

May 19th 1881

Undertaker,

John P. [illegible]

Place of Business,

66 Frederick St

Address,

39 N. [illegible] St

Medical Attendant.

M.D.,

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48117

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, May 18<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William A. Smith

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, 42 Years, 5 Months, \_\_\_\_\_ Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, Life timePlace of Death, { Give street and number } No. 13 Woodlawn St.Cause of Death, { First, (Primary.) Second, (Immediate.) } Apoplexy

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet CemeteryDate of Burial, May 19<sup>th</sup> 1881 W. C. Warner M. D.{ Undertaker, Jos. B. Clark Medical Attendant, \_\_\_\_\_{ Place of Business, No. 707 W. Baltimore Street Address, Street & Leonard St.

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DALRYMPLE &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 17<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Patrick McKinley

Sex, Male or Female, { cross out the word not required in this line. }

Age,

68

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Retired

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

30 yrs

Place of Death, { Give street and number }

No 77 Van Ness St

Cause of Death

{ First, (Primary.)

Second, (Immediate.)

Strangulated Hernia  
Peritonitis  
Colic

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Church

Date of Burial,

May 19<sup>th</sup>

Wm. S. Hill

M. D.

Medical Attendant.

{ Undertaker,

W. J. Jipfel

{ Place of Business,

1 Bond St. 151

Address,

126 E. Baltimore St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *48119*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 18<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Christina Gruener*

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age, *57* Years, *5* Months, *12* Days.

Color, *White*

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } *✓*

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *30 years*

Place of Death, { Give street and number. } *# 14 S. Central Avenue*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Phthisis. Pulmonalis*  
*Phthisis*

Duration of Last Sickness, *6 months*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Center*

Date of Burial, *May 20 1881* *Wm H. Harris* M.D.,  
Medical Attendant.

( Undertaker, *Henry Hoeck*

Place of Business, *309 Central Ave* Address, *28 E. Cor. E. Baltimore & Canal Sts*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2721200  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased; or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 18 1881

Full Name of Deceased, {

Write legibly and spell correctly. If an Infant not named, give names of parents.

Louisa L. Kroy

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 16 Days.

Color, Cold

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

188 D. Howard

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number }

188 D. Howard

Cause of Death, { First, (Primary.) Second, (Immediate, }

Dysentery

Duration of last Sickness, 4

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, May 19 1881

Undertaker, H. Ross

Place of Business, 95 Conway

Geo. H. Benson M. D.  
Medical Attendant.

Address, 144 Hanover

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4812/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 15th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Opperman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 35 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Carpenter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number. } Hebrew Hospital

Cause of Death, { First (Primary,) { Second (Immediate,) } } Marasmus

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Trinity Lutheran Cemetery

Date of Burial, May 17th 1881

{ Undertaker, J. Jacobs - Address 174 N. Gay St. }

{ Place of Business, Hebrew Hospital }

Medical Attendant, J. W. Seligman M. D.

Visiting Physician, Dr. J. W. Seligman

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *48122*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 18<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mrs Sarah A. Mitchell*

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, *64* Years, *7* Months, Days.

Color, *White*

~~Married, Single~~ ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *Lady*

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *All life*

Place of Death, { Give street and number } *225 Druid Hill Avenue*

Cause of Death { First, (Primary.) Second, (Immediate.) } *Pneumonia Pulmonalis*  
*Pulmonary Hemorrhage*

Duration of last Sickness, *Three months*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *May 21<sup>st</sup> 1881* *John Dillion* M. D.

Medical Attendant.

Undertaker, *Wm G Hughes*

Place of Business, *111 E Baltimore* Address, *261 Madison Avenue*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48123.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *May 17<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Ann Teackie*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *1* Years, *7* Months,  Days.

Color, *Caucasian* Sex, *Female*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Single*

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *all her life*

Place of Death, { Give street and number. } *62 Richmond St.*

Cause of Death, { First (Primary,) Second (Immediate.) } *Unknown: - was seen by me only once said to be convulsions*

Duration of Last Sickness, *unknown*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *May 20, 1881*

Undertaker, *John L. Jordan* Address *141 Lombard St.*

Place of Business, *226 S. Park Ave*

*J. C. Chur* M. D. Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Health, City of Baltimore,

Permit No. 48124

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 17<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Straka

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — Years, 8 Months, — Days.

Color, —

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, 14 days

Place of Death, { Give street and number. } 22 Abbot St

Cause of Death, { First, (Primary.) Measles  
Second, (Immediate.) Ship passage left it in an exhausted condition }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, May 20 1881

{ Undertaker, Henry Hook

{ Place of Business, 309 N. Central Ave } Address, 27 N Broadway

E Geo Walls M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 18 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jerome Fantasy

Sex, Male or Female, { cross out the word not required in this line. }

Age, 7 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death { First, (Primary.) Second, (Immediate.) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St. Cemetery

Date of Burial, May 19 1881

{ Undertaker, J. H. Bishop Dr.

{ Place of Business, 97 Drind Hall av.

St. P. Keller M. D. Medical Attendant.

Address, 126 N. Eutan St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]



No. 27-11-22-67  
The Special Attention of Physicians is directed to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 18<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amanda Wheeler (mother)

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age,      Years,      Months, 6 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,     

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Hammond Alley in rear of 103 Eastward

Cause of Death, { First, (Primary,) Spasms Second, (Immediate,)     

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 19<sup>th</sup> 1881 James H. White M. D.

{ Undertaker, Chas. A. White Medical Attendant

{ Place of Business, Granby St. Address, Comm. of Health

Registrar

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo. E. Taylor [Signature]

# City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J Willard Green

Sex, Male ~~Female~~, { Cross out the words not required in this line. }

Age, 24 Years, 9 Months, 2 Days

Color, \_\_\_\_\_

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Lawyer

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Maine

Duration of Residence in the City of Baltimore, Six Months

Place of Death, { Give street and number. } 205 North Howard St

Cause of Death, { First (Primary.) Second (Immediate.) } Heredity. Excessive mental work + Dyspepsia  
Phthisis Pulmonalis

Duration of Last Sickness, 8 or 10 months

All the above information should be furnished by the Physician.

Place of Burial, Manassas Va

Date of Burial, May 20<sup>th</sup> 1881

Undertaker, Wm Weaver

Place of Business, No 202 N Eutan St

W F Ross M.D.  
Medical Attendant.

Address, 205 N Howard St

### Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2189. Transit

[OVER.]

The Special Attention of the Board of Health is directed to the fact that the following information should be furnished to the Board of Health, and to the Board of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 17

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. H. Dillard

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 12 Years, 4 Months, 0 Days.

Color, C.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Richmond Va

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Richmond Va

Duration of Residence in the City of Baltimore, No 26 Raleigh St.

Place of Death, { Give street and number } No 26 Raleigh St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis Pulmonalis  
Two Months

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Lanier Cemetery

Date of Burial, May 19<sup>th</sup> 1887

Undertaker, Henry & Madoc

Place of Business, No 26 Raleigh St.

Chas H. Jeff M. D.  
Medical Attendant.

Address, 306 N. Fayette St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

City of Baltimore,  
Permit No. 48129 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 19th, 1881.  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Bernenolky  
Sex, Male or Female, { Cross out the word not required in this line. } Male  
Age, 3 Years, 0 Months, 0 Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
Occupation, ✓  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany  
Duration of Residence in the City of Baltimore, Five weeks.  
Place of Death, { Give street and number. } # 245 S. Wolf St.  
Cause of Death, { First, (Primary.) Measles accompanied by  
Second, (Immediate.) General Debility.  
Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus  
Date of Burial, May 21st 1881 John H. Rehberger M.D.,  
Undertaker, M. France Medical Attendant.  
Place of Business, 200 Canton Address, # 243 Alice Anna St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

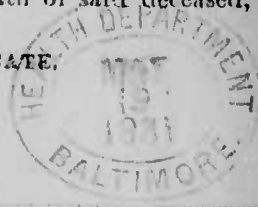
Permit No. 48130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, 5th 18 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eva Elise McNeal

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 4 Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number } 60 E. Fayette St

Cause of Death { First, (Primary.) Diphtheria  
Second, (Immediate.)

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 20th 1881 W. Riley M. D. Medical Attendant.

Undertaker, Wm. J. Hughes

Place of Business, 60 E. Baltimore Address, 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Deer

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Single

Age, 85 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } Aged Womens Home

Cause of Death { First, (Primary.) Apoplexy  
Second, (Immediate,) Asthenia

Duration of last Sickness, Few Minutes

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 20<sup>th</sup> May 1881

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St. Address, No. 10 N. Carey St.

P. S. Field M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

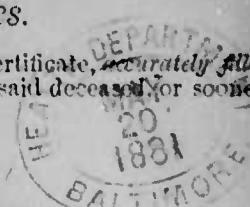
# Board of Health, City of Baltimore,

Permit No. 48132

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

May 19th 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Lilia M. Groat

Sex, Male or Female,

Cross out the word not required in this line.

Age,

8

Years,

Months,

3

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

During life

Place of Death,

Give street and number.

83 Groat Avenue

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Heart disease

Duration of Last Sickness,

About 36 hours

All the above information should be furnished by the Physician.

Place of Burial,

Woodlawn Howard Co

Date of Burial,

May 21

Undertaker,

Joseph B. Cook

Place of Business,

707 West Baltimore

Address,

582 W. Fayette

G. B. O'Neil  
H. R. McManis

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2191 Transit

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48133

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 18th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Leisen

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 7 Years, 8 Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore ✓

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Penna Ave Depot  
Pericarditis

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Valvular disease of heart  
About two years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Linden Park cemetery

Date of Burial, May 20th 1881

Elias C Price M.D.,  
Medical Attendant.

Undertaker, J. S. Cook

Place of Business, No 17 N. Baltimore Ave

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 48134

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 19, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Bailey Frank,

Sex, Male or ~~Female~~. { Cross out the word not required in this line. }

Age, 6 Years, Months, Days.

Color, white

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

Occupation, Bath Man.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Since birth

Duration of Residence in the City of Baltimore, 31 Fairmount Ave.

Place of Death, { Give street and number. } Diphtheria

Cause of Death, { First, (Primary.) } Marasmus

{ Second, (Immediate.) } Six weeks

Duration of Last Sickness, All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 20<sup>th</sup> 1881

{ Undertaker, } J. H. Hughes

{ Place of Business, } 608 Baltimore St. Address, Bath & Wash St.

L. G. Rusk M.D. Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Caroline Hess

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 67 Years, 9 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Baker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 43 years

Place of Death, { Give street and number } 58 Union St

Cause of Death, { First, (Primary.) Fatty degeneration of Heart  
Second, (Immediate,) Effusion on Lungs Dyspnea

Duration of last Sickness, Indefinite - dyspnea of 6 hours duration

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, May 22

Undertaker, Waller & Co.

Place of Business, 315 N. Biddle Address, 23 N. Calvert St

M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48136

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Windus

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 65 Years, 1 Months, 4 Days.

Color, White.

Married, Single, Widow ~~or~~ Widower, { Cross out the word not required in this line. }

Occupation, Cooper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number. } 292 So Sharp St

Cause of Death, { First, (Primary.) Apoplexy of the Heart  
Second, (Immediate.) " " }

Duration of Last Sickness, Y

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, May 22<sup>nd</sup>, 81

{ Undertaker, Philip J. Dill

{ Place of Business, 183 Columbia Ave

D. A. Bell M.D.,

Ceremonial Seal

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 14 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Welsh Stuart

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, 4 Months, \_\_\_\_\_ Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Lifet

Place of Death, { Give street and number } n. 9's avenue

Cause of Death { First, (Primary,) \_\_\_\_\_  
Second, (Immediate,) crigater than  
one week

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 20 1887 J. H. Palmer M. D.  
Medical Attendant.

Undertaker, John L. L. L.

Place of Business, 161 E. Baltimore St. Address, 23 Franklin St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48138

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 20<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Spinner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 13 Years, 1 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and number. } 12 Park Ave

Cause of Death, { First, (Primary.) Accidental shot (by himself) from pistol  
Second, (Immediate.) } ~~fractured skull~~ ~~fractured skull~~

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Saturday May 21<sup>st</sup> 1887

{ Undertaker, Conrad Kambel

{ Place of Business, No 60 Park Ave Address, Edm & R. W. Allen M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48139

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 19th*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Louisa Christina Guth*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *—* Years, *14* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *Native*

Place of Death, { Give street and number. } *15 Chestnut St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Rubella*  
*Capillary bronchitis*

Duration of Last Sickness, *About a week*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus*

Date of Burial, *May 19/81*

Undertaker, *Ch. Henschel*

Place of Business, *48 Bond St.*

Medical Attendant, *W. W. Austin* M.D.,  
*172 Franklin*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48140

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Louise B. Viehmanier

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 4 Months, 12 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number. } No 35 James Alley

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia (bilateral)  
Tuberculous infiltration

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Landon Ph Cemetery

Date of Burial, May 22<sup>nd</sup>

Undertaker, P. N. Troll

Place of Business, 131 Hancock St

Address, 163 W Lombard

Henry Salzer M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48141

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 18<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Margarette M. Mornann*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *33* Years, — Months, — Days.

Color, *white*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *N 2333 Allice Ann. Street*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Insufficiency and Stenosis of mitral and aortic valves. Congestive Nephritis. Uraemia.*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *Providence Cemetery*

Date of Burial, *May 21<sup>st</sup> 1881*

Undertaker, *H. W. Trull*

Place of Business, *131 Hanover St* Address, *163 W. Lombard St*

*Henry Salzer* M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. \_\_\_\_\_  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 18 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bell D. Harrison

Sex, Male or Female, { cross out the word not required in this line. }

Age, 23 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Nurse

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Halifax N.S.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number } 202 Baltimore St

Cause of Death, { First, (Primary,) Phthisis  
Second, (Immediate,) \_\_\_\_\_ }

Duration of last Sickness, about six mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 21 1881 W. L. Williams M. D.

Medical Attendant.

{ Undertaker, Emilio Mitchell

{ Place of Business, 50 St Fayette Address, 201 Madison Ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

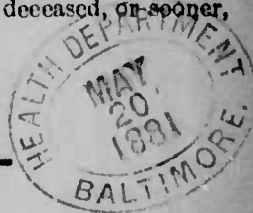
Permit No. 48143

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, May 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gustus and Delia Barton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — Years, — Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, "Sweeping"

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 3 Spring Court

Duration of Residence in the City of Baltimore, 3 days -

Place of Death, { Give street and number. } 3 Spring Court

Cause of Death, { First, (Primary.) Aphyxia  
Second, (Immediate.) }

Duration of Last Sickness, —

All the above information shall be furnished by the Physician.

Place of Burial, ~~At the residence of the deceased~~

Date of Burial, May 21<sup>st</sup> 1881

Father, Gustus Barton

Place of Business, — Address, 161 W Lombard St

L. L. Bittling M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

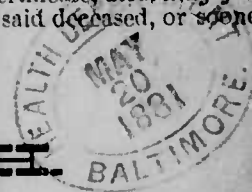
# Board of Health, City of Baltimore,

Permit No. 48144

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, May 18 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob H. Irvin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 59 Years, 9 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Riggin

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 146 Batting Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 21<sup>st</sup>

{ Undertaker, B. Harbo

{ Place of Business, At 82 West Street

Thos. H. Cork M.D.,  
Medical Attendant.

Address, 146 Hammond

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48145

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

May 19<sup>th</sup> 1884

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Frank Deeline

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

83

Years,

Months,

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Ireland

Duration of Residence in the City of Baltimore,

50

Place of Death,

Give street and number.

53 1/2 Front St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St Vincents Cem

Date of Burial,

May 20 1884

W. S. M. D.

M.D.,

Medical Attendant.

Undertaker,

James P. Byrne

Place of Business,

63 Front St

Address,

63 Front St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48146

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 20 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence M. Kirby

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ball

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 142 E Lombard

Cause of Death, { First, (Primary.) Unknown nature, but had Bronchitis  
Second, (Immediate.) Unknown, but perhaps Oedema of Lungs

Duration of Last Sickness, some days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, May 21 1881

Undertaker, Peter Frey

Place of Business, 91 E. 1st Ave

Edmund R. Walker M.D.,  
Medical Attendant.

Address, Coroner M. D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

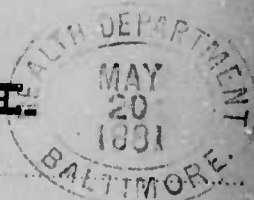
Office of Registrar of Vital Statistics.

Permit No. 48147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, May 18th 1891

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Smith

Sex, ~~Male or Female~~, { Cross out the word not required in this line. } male

Age, Sixty-eight Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Grain Measureman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, { Give street and number. } 58 Dora St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Phthisis Pulmonum  
Exhaustion

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, North Cemetery

Date of Burial, May 20 1891

Undertaker, W. Chase

Place of Business, 108 Howard St

Address, 47 Conway St.

D. S. Barclay M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 19<sup>th</sup> 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Thornton  
Sex, Male or Female, { Cross out the words not required in this line. } Female  
Age, 45 Years, 10 Months, — Days  
Color, White  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married  
Occupation, H-H.  
Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore  
Duration of Residence in the City of Baltimore, 45, 10.  
Place of Death, { Give street and number. } 174 Battery  
Cause of Death, { First (Primary,) } Consumption  
{ Second (Immediate,) } Same time  
Duration of Last Sickness, Same time  
All the above information should be furnished by the Physician.  
Place of Burial, Baltimore Cemetery  
Date of Burial, May 22<sup>nd</sup>  
{ Undertaker, J. H. Strong & Son }  
{ Place of Business, 263 Light St. }  
R. C. Lee M.D.  
Medical Attendant.  
Address, Hancock Barre St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 7

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

...s Certificate, accurately.  
death of said deceased  
FICATE.  
BALTIMORE

Date of Death, \_\_\_\_\_

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { cross out the word not  
required in this line. }

Age, Sixteen Years, White

Married, Single, Widow or Widower, (Cross out the word not required in this line.)

Birthplace, { State or country, (and how)  
long in the United States.  
if of foreign birth. }

Place of Death, { Give street and number } CR. 11

Duration of last Sickness, \_\_\_\_\_ should be furnished by the Physician.

Date of Burial, *May 22<sup>nd</sup>*

Place of Business, *Ashtland, Oregon*

SECTION 2. And be it further enacted and ordained, That the Physician who attended during his or her last sickness of the Deceased, shall be sworn to the death to the Under

J. G. DULANEY & CO. CITY PRINTERS AND STATIONERS.



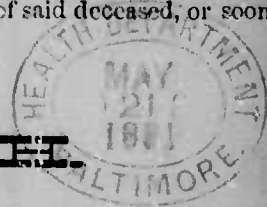
# Board of Health, City of Baltimore

Permit No. 48150

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, May 19th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. Edw. Dorrett.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } S.W. Cor Edm + Fayette Sts.

Cause of Death, { First, (Primary.) Scarlet Fever }  
{ Second, (Immediate.) }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cms

Date of Burial, May 21st 1881

{ Undertaker, J. J. & Co. }  
{ Place of Business, 50 N Broadway }  
Address, 73 E Pratt St.

Geo. S. Kingemon M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

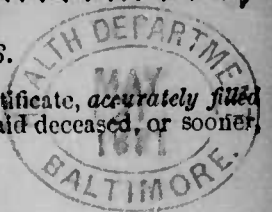
# Board of Health, City of Baltimore,

Permit No. 48151

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

May 18 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maloma Cassion  
Jumole

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years,

5-

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Belgium  
8 Mo

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

9 Henry St  
Dentition

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Convulsions  
11 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Peter's Cemetery

Date of Burial,

May 21 1881

Undertaker,

Amstrong & Co

Place of Business,

263 Light

Address,

H. B. Lott M.D.,  
Medical Attendant.

17 Warren Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48152

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 20<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Katie Roth*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *20* Years, *10* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married.*

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *Entire life time.*

Place of Death, { Give street and number. } *28 Bank St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Uremia - Post partum.*

Duration of Last Sickness, *Died with Convulsions 11 hours after Confinement*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 22<sup>d</sup>*

Undertaker, *M. Campbell*

Place of Business, *35 Bank St.*

Address, *211 Broadway*

*D. W. Cathell M.D.,*  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 19th May 1891.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Johannes Graßmuck

Sex, Male or Female, { cross out the word not required in this line. }

Age, 67 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Beer saloon keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. ) } Liebslar, Hessen, Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, { Give street and number } Gough Street 237.

Cause of Death, { First, (Primary.) } Tuberculosis  
{ Second, (Immediate,) } Apoplexy

Duration of last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Fleet St. Sunday

Date of Burial, May 22d

Undertaker, M. Gunk

Place of Business, 22 Bank St Address, S. Wolpert, 117

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DUNN & CO. CITY PRINTERS AND STATIONERS.

[OVER]



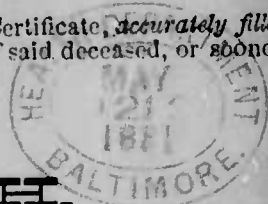
# Board of Health, City of Baltimore,

Permit No. 481824

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

May 20, 1881

Full Name of Deceased,

Write legibly and spell correctly. In Infant not named, give names of parents.

Philip Mills

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Bath

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

Give street and number.

88 Parkin St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

May 21st

Frederick Cordts

M.D.,

Medical Attendant.

Undertaker,

E. W. Pool

Place of Business,

131 Hammer St

Address,

146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 20, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas. L. McLane, Jr.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 10 Months, Days.

Color, white Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Annapolis, R. I.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give street and number. } 37 Cathedral St.

Cause of Death, { First (Primary,) Diphtheritic Croup  
Second (Immediate,) }

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount W. T. Howard, M. D.

Date of Burial, May 21<sup>st</sup> 1881 Medical Attendant.

{ Undertaker, W. W. Jenkins & Son Address 181 Madison Ave

{ Place of Business, 75 N. Charles.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

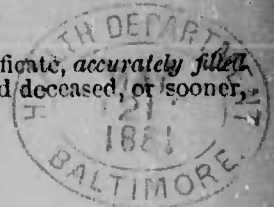
# Board of Health, City of Baltimore,

Permit No. 48156

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, May 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emilia Banks

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 60 1/2 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Servant

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, { Give street and number. } #9 Painters Court

Cause of Death, { First, (Primary.) Typhoid fever  
Second, (Immediate.) Dec. Nec. Bowels

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Reb Cemetery

Date of Burial, May 21 1881

{ Undertaker, Patrick Mullie

{ Place of Business, S. P. Park Ave Address, 86 - E. Fayette St

C. A. Downer M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 48157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 20<sup>th</sup>

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward A. B. William

Sex, ~~Male~~ Female,

{ Cross out the word not required in this line. }

Age,

56 3/4 Years,

11

Months,

Days.

Color,

white

Married, ~~Single~~ ~~Widow~~ ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Gallatin

Duration of Residence in the City of Baltimore,

all life

Place of Death,

{ Give street and number. }

to P. Paul Monument

Cause of Death,

{ First, (Primary.) }

Acute cardiac hypertrophy

{ Second, (Immediate.) }

Uremia

Duration of Last Sickness,

Five days -

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount

Date of Burial,

May 23/1881

{ Undertaker,

A. J. Enockson.

{ Place of Business,

to 92 N. Howard

Address,

Pyrrus Buckle

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48158

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 31, 1881*

Full Name of Deceased, *Lilly May Garrison* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Female* { Cross out the word not required in this line. }

Age, *6* Years, *6* Months,  Days.

Color, *White*

Married, Single, Widow or Widower,  { Cross out the word not required in this line. }

Occupation,

Birthplace, *Balto. Md.* { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *During life*

Place of Death, *68 Castle St* { Give street and number. }

Cause of Death, *Nothing & Catarrhal Fever* { First, (Primary.) }

*Eclampsia* { Second, (Immediate.) }

Duration of Last Sickness, *2 wks & 3 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 22, 1881*

Undertaker, *John Henry*

Place of Business, *382 Orleans St* Address, *305 W. Caroline St*

*Geo. A. Martineau M.D.,*  
Medical Attendant.



### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48159

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 20<sup>th</sup> 1887.

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Annanda M. Stanley

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

6/

Years,

Months,

Days.

Color,

~~Married~~, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Matron

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Balto.

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give street and number. }

23 N. 1<sup>st</sup> Street

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Wax of Liver.

Tub. Mucus.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt. Cem.

Date of Burial,

May 22<sup>nd</sup> 1887

Chas. J. McMillan

M.D.,

Medical Attendant.

{ Undertaker,

August M. Munn

{ Place of Business,

35 East

Address,

Fayette & Broad

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled</sup> ~~out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 5. 20. 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet Ann McLean

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, 81 Years, 9 Months,  Days,

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ?

Duration of Residence in the City of Baltimore, many years if not her whole life

Place of Death, { Give street and number } 24 Sarah Ave

Cause of Death { First, (Primary,) Age & Debility  
Second, (Immediate,) infirmity

Duration of last Sickness, months

All the above information should be furnished by the Physician.

Place of Burial, Weston Cemetery

Date of Burial, May 21

Undertaker, Joseph P. Cook

Place of Business, 707 West Baltimore Address, Eng. Chinn

Levi M. Eastman M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48161

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, May 19<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herbert Belle KingSex, Male or ~~Female~~, { cross out the word not required in this line. }Age, 2 Years, 5 Months, 15 Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 341 Myrtle Av.Cause of Death, { First, (Primary.) Second, (Immediate.) } Congestion of BrainDuration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, London Park CemeteryDate of Burial, May 21<sup>st</sup> 1881{ Undertaker, Wm. S. Weaver } J. W. C. Cuddy M. D.  
Medical Attendant.{ Place of Business, No 202 N. Eutaw St } Address, 383 Franklin St**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OV. 22.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 19<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Smart

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 <sup>3</sup>/<sub>4</sub> Years, 2 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Canton Brick City Co.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Life

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Waring & Childs Hospital

Cause of Death, { First, (Primary.) Heart Second, (Immediate.) Brain } Heart

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 21

Undertaker, C. F. Brown M. D. Medical Attendant.

Place of Business, 201 Clarendon Address,

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[0741.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.



Date of Death, May 21. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Francis Wideman

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 11 Years, Eleven Months, four Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } No. 230 South Charles St.

Cause of Death { First, (Primary.) Scarlet fever  
Second, (Immediate,) Meningitis

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 22nd

Undertaker, C. F. Krause

Place of Business, \_\_\_\_\_

W. C. Lunsford M. D.  
Medical Attendant.

Address, Montgomery & Charles Sts.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48164

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

May 19th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Larry L Collins

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

about 70

Years

Months,

Color,

White

Married, Single, Widower, or Widowed,

{ Cross out the word not required in this line. }

Occupation,

Laborer

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

Two Weeks

Place of Death,

{ Give street and number. }

University Hospital

Cause of Death,

{ First, (Primary.) }

Psoas and Sacral abscesses

{ Second, (Immediate.) }

Asthenia

Duration of Last Sickness,

9 months

All the above information should be furnished by the Physician.

Place of Burial,

Western Public Cemetery

Date of Burial,

May 20th 81

{ Undertaker,

J. A. Rechner

{ Place of Business,

50 S Carrollton Ave

Address,

University Hospital

J. West

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 21<sup>st</sup>

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Harriet Byron Fulton

Sex, Male or Female, (cross out the word not required in this line.)

Age, 52 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Widow (Cross out the word not required in this line.)

Occupation, \_\_\_\_\_

Birthplace, (State or country, (and how long in the United States, if of foreign birth.) Macon - Georgia

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, (Give street and number) 66 Bonclay Ave

Cause of Death First, (Primary,) Second, (Immediate,) Bright Disease

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Macon Georgia

Date of Burial, May 24 1881

Undertaker, Gro H. Weaver & Co

Place of Business, 22 Fayette St

Address, 97 N. Charles St

Thomas Shearn M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit Permit No. 2192

[OVER.]



No. 48106

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit 48166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 20' 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Street

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 81 Years, - Months, - Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Nil

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Hempstead Co - Md -

Duration of Residence in the City of Baltimore, 6 yrs -

Place of Death, { Give street and number } Eagle Hotel - Hillen St -

Cause of Death, { First, (Primary.) } Croupous Pneumonia  
{ Second, (Immediate,) } Asthma

Duration of last Sickness, 4 wks -

All the above information should be furnished by the Physician.

Place of Burial, Bethel - Hempstead Co. Md -

Date of Burial, May 22' 1881

Undertaker, Martin Kurth -

Place of Business, Jennettsville - Md -

Medical Attendant, D. Street M. D.

Address, 143 N. E. 4th St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

\* 2193 Truman

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 5.18.81 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Galloray

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Grain measurer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number } 207 S. Howard St

Cause of Death { First, (Primary.) Bright's Disease  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, 15 months

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, May 22 1881

Undertaker, Wm. H. Chase

Place of Business, 207 S. Howard St

Lucius M. Eastman M. D.  
Medical Attendant.

Address, 349 Here

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 48168

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 21<sup>st</sup> 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levis Mason

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Years, 9 Months, 3 Days.

Color, Cu d

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 419 China St

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, { Give street and number } 419 China St

Cause of Death, { First, (Primary,) Diptheria  
Second, (Immediate,) 1 week

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, May 23

Undertaker, H. Ross

Place of Business, 75 Conway St Address, H. Ross

Geo. H. Benson M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Here

## Board of Health, City of Baltimore,

Permit No. *48169*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate. *48169*

### CERTIFICATE OF DEATH.

Date of Death,

*May 21st - 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Margaret S. Chapman*

Sex, ~~Male~~ or Female,

(Cross out the word not required in this line.)

Age,

*89*

Years,

Months,

Days.

Color,

*White*

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,

(Cross out the word not required in this line.)

Occupation,

Birthplace,

(State or Country and how long in the United States, if of foreign birth.)

*England*

Duration of Residence in the City of Baltimore,

*80 years*

Place of Death,

(Give street and number.)

*41 N. Stricker St*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Old age*

Duration of Last Sickness,

*Been in declining health for 4 or 5 years*

All the above information should be furnished by the Physician.

Place of Burial,

*Mount Olivet Cemetery*

Date of Burial,

*May 23rd 1881*

*W. R. McKim* M.D.,

Medical Attendant.

Undertaker,

*Denny & Mitchell*

Place of Business,

*550 N. Fayette St*

Address,

*582 N. Fayette St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48170

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, 21<sup>st</sup> May 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Adeline Walto

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, about 55 Years,

Months,

Days.

Color, Black

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, servant

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

B. Ind

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give street and number. }

104 Lygon street

Cause of Death, { First, (Primary.) }

Valvular Simon Heart

Second, (Immediate.)

Dr apy

Duration of Last Sickness,

6 or 8 months

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, May 23 1881

C. B. Hamble

M.D.,

Medical Attendant.

{ Undertaker, John B. Jordan

{ Place of Business, 1125 Rutland

Address, 5-y Calver Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48171

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 21<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Deborah Ann Douglas

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 48 Years, Months, Days.

Color, Mulatto

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number. }

12 L. Monument St.

Cause of Death, { First, (Primary.)

Phthisis pulmonalis

Second, (Immediate.)

Phthisis pulmonalis

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Claude Van Bibber M.D.  
47 Franklin St.

Date of Burial, May 23<sup>d</sup> 1881

for H.C. Chatard Jr. M.D.,  
Medical Attendant.

Undertaker, Andrews & Hodge

Place of Business, No 426 David Hall Ave Address, 114 Park Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

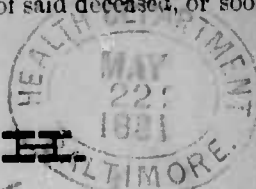
# Board of Health, City of Baltimore,

Permit No. 48172

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, May 21<sup>st</sup>, 1881

Full Name of Deceased, John Halbick

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male

Cross out the word not required in this line.

Age, 48 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, Married

Cross out the word not required in this line.

Occupation, laborer

Birthplace, Germany

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, 10146 S. Castle St

Give street and number.

Cause of Death, Constriction of the brain

First, (Primary.)  
Second, (Immediate.)

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 23<sup>rd</sup> 81

J. G. Gentry M.D.,  
Medical Attendant.

Undertaker, M. J. Francis

Place of Business, 280 E. Center

Ch.

Address, 2111 South St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48173

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 21, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Priscilla Boome.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 16 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 6 months

Place of Death, { Give street and number. } 189 Hughes St.

Cause of Death, { First, (Primary.) } Typhoid Fever  
{ Second, (Immediate.) } Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 23rd

{ Undertaker, Geo W. Perkins & Co. } W. S. Booz M.D.,  
Medical Attendant.

{ Place of Business, 130 Hunneta St. } Address, 206 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. 48174

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 21<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matilda E H Parks

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years, Months, Days.

Color, white

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Howard Co Md

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and number. } 74 St Paul St

Cause of Death, { First, (Primary.) Epilepsy Second, (Immediate.) Apoplexy probably }

Duration of Last Sickness, 7 and died in bed

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 23<sup>rd</sup> 1881

Undertaker, Thos Houghes

Place of Business, 60 E Baltimore St

Address, Corcoran on P D

Edmund D Drakken M.D.,  
Medical Attendant

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22 - 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Anna Mallone

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, Years, 9 Months, 22 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 53 S. Mount St.

Cause of Death, { First (Primary,) Pleuritis  
Second (Immediate,) Marasmus

Duration of Last Sickness, Has never been a hearty child (27 months)

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, May 23<sup>rd</sup> 1881

{ Undertaker, Mr. Blackston  
Place of Business, W. Baltimore St.  
north of Fremont

Address, 55 N. Green St.

H. H. Kemp M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48176

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, April 21<sup>st</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Pauline LenthoeckerSex, Male or Female, { cross out the word not required in this line. }Age, 45 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. }Occupation, NoneBirthplace, { State or country, (and how long in the United States, if of foreign birth. } GermanyDuration of Residence in the City of Baltimore, 12 years 6 monthsPlace of Death, { Give street and number } 144 W. Fayette St.Cause of Death, { First, (Primary,) Heart disease - Albuminuria  
Second, (Immediate,) Weakness of heartDuration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CountyDate of Burial, April 23<sup>rd</sup> 1881{ Undertaker, J. Koehler{ Place of Business, \_\_\_\_\_ Address, 224 W. Fayette St.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 27  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 21<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Flora Jennette Gibson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 4 Years, 4 Months, 2 Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } Lewis St. 15

Cause of Death, { First, (Primary.) } Gastro Enteric Fever  
{ Second, (Immediate,) } Cerebral Coma

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Larnet cemetery

Date of Burial, May 23.

E. C. Baldwin M. D.  
Medical Attendant.

Undertaker, Theodore J. Lock

Place of Business, 73. Jefferson St

Address, 124 N. Euter St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 48178

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, May 22<sup>d</sup> 1881.Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Smith (Colored, my dark)Sex, Male or Female, { cross out the word not required in this line. }Age, 60 Years, 0 Months, 0 Days.Colored, my dark~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }Occupation, HousekeeperBirthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, LifetimePlace of Death, { Give street and number } # 37 St Paul StCause of Death, { First, (Primary.) Second, (Immediate.) } Sub. Peritoneal Fibrosis  
Violent effort in lifting, Examination.Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel CemeteryDate of Burial, May 23<sup>d</sup> 1881 Winthrop Smith M. D. Medical Attendant.{ Undertaker, Helfenstein & Son{ Place of Business, 75 N Chas

Address, \_\_\_\_\_

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OV.4R.]

No. 270177  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 22 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George R. Thurman

Sex, Male or Female, { cross out the word not required in this line. }

Age, 34 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 84 1/2 N. Green St.

Cause of Death, { First, (Primary.) } Asthma  
{ Second, (Immediate,) } 10 days

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, May 24 1881

{ Undertaker, New Jenkins & Sons } Medical Attendant, J. H. C. [Signature]

{ Place of Business, 7 N. Charles St. } Address, 121 N. [Signature]

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 21st 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Key.

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 24 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } Penns. Ave

Cause of Death { First, (Primary,) Pneum-Pneumonia Chronic  
Second, (Immediate,) Weak Heart

Duration of last Sickness, Six or Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 23 James Bacon M. D.

Medical Attendant.

{ Undertaker, W. H. Pizzani

{ Place of Business, 207 Penns. Address, Cor. Argyle Ave. & Mosher St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4818/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 20 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hiram Kaufman

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 69 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, formerly Butcher

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Frederick County Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give street and number } 432 Pennsylvania Avenue

Cause of Death { First, (Primary.) Pericardiac effusion  
Second, (Immediate,) sudden from heart failure

Duration of last Sickness, unknown - attendance from May 6 to 20<sup>th</sup>

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 23

Under-taker, C. H. Blizard

Place of Business, 287 Run an Address, 68 Mc Culloch St -

Marbury Brewer M. D. Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, May 23<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary H. J. Curtis

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 74 Years, Months, Days.

Color, white Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } 160 W. Beach St

Cause of Death, { First (Primary,) Pneumonia with dilatation of heart  
Second (Immediate,) Asthenia & apnoea

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Pocomoke City

J. C. Chubb M. D.  
Medical Attendant.

Date of Burial, May 25<sup>th</sup> 1881

{ Undertaker, Heisterkamp & Son

{ Place of Business, 70 N. Charles Address 141 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2194 Transit

# Board of Health, City of Baltimore,

Permit No. 48183

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 22<sup>nd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ferdinand Schmidt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 100 Cedarhall St

Cause of Death, { First, (Primary.) Enteritis & Cholera. Second, (Immediate.) cerebral anaemia }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 24 1887

{ Undertaker, C. J. Krause

{ Place of Business, 209 Hanover Address, 163 W. Lombard

Henry Salzer M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

May 21<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Gertrude Briscoe

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, Years, Months, Days.

6 Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Balti city

Duration of Residence in the City of Baltimore,

life

Place of Death, { Give street and number }

15 Howard St

Cause of Death { First, (Primary.) Second, (Immediate.) }

Gastro-Intestinal Irritation

convulsions

Duration of last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 23

J. H. Sumner M. D.  
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Conway St Address, 76 Maca St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

## Permit No. 48183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

**III.**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Haberkamm.

Age, 48 — Years, 4 Months, 16 — Days.

Married, Single, Widow or Widower. { Cross out the word not recalled in this line. } Married

Birthplace, { State or Country and how } Bavaria Germany -  
 { long in the United States, }  
 { if of foreign birth. }

Place of Death, { Give street and number. } # 485. 2, 70 Attimore, Md

Cause of Death, } First, (Primary.) Spasmodic Asthma -  
Second, (Immediate.) " " Polycularis

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, May 24<sup>th</sup> 1881 *J. D. Norton* M.D.

Undertaker, *M. A. Daijzen* Medical Attendant, *Dr. S. J. [illegible]*

Place of Business, 74 S. Broadway Address, 86 2 Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 48186

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 22<sup>nd</sup> 1881.

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Annie Conroy

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 48 Years, Months, Days.

Color, White

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Twenty Six Years

Place of Death, { Give street and number. } 336 Bank St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption

Duration of Last Sickness, Eleven Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 24<sup>th</sup> 1881 Nicholas L. Nathiell, M.D.,  
Medical Attendant.

{ Undertaker, W. A. Daiger

{ Place of Business, 74 S. Broadway Address, 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

## Permit No. 48187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT  
MAY 23 1981  
BALTIMORE

Date of Death, May 22 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman Helbing

Sex, ~~Male~~ or Female, { Cross out the word not }  
required in this line. }

Age, 5-6- Years, Months, Days.

Color, *white*

~~Married, Single, Widow or Widower,~~ } Cross out the word not }  
required in this line. }

Occupation, Basket Maker

*Birthplace,* { State or Country and how  
long in the United States,  
If of foreign birth. }

Duration of Residence in the City of Baltimore, 29 years

*Place of Death.* { Give street and }  
number. }

*Cause of Death,*  $\left\{ \begin{array}{l} \text{First, (Primary.)} \\ \text{Second, (Immediate.)} \end{array} \right.$

Duration of Last Sickness,..... 20 days

All the above information should be furnished by the Physician.

Place of Burial, *Balti Cemetery*

Date of Burial, May 24<sup>(2)</sup> 1881

( Undertaker, Henry W. Mearns

Place of Business, ... 45 N. Gay St

*W. A. Richardson* M.D.,  
Medical Attendant.

Address, H. C. Brown & Son

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 48188

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 22.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma Habrecht

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Eastern Ave 130.

Cause of Death, {

First, (Primary.)

Intermittent Fever.

Second, (Immediate.)

Exhaustion

Duration of Last Sickness,

Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, May 23<sup>rd</sup> 1881

John A. Schultz M.D.,

Medical Attendant.

{ Undertaker, Peter Frey

{ Place of Business, 91 Eastern Ave.

Address, A. D. Co. Boyl & Co.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *May 22. 1881*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *Anelia Barubach*

Sex, ~~Male~~ or Female, Cross out the word not required in this line. *Female*

Age, *55* Years, *10* Months,  Days.

Color, *White* Sex, *Female*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. *Married*

Occupation, *Maids of the House*

Birthplace, State or country (and how long in the United States, if of foreign birth.) *Germany*

Duration of Residence in the City of Baltimore, *About thirty one years*

Place of Death, Give street and number. *19 S. Fremont St.*

Cause of Death, First (Primary), Second (Immediate), *Cancer of the Stomach*

Duration of Last Sickness, *About 10. months*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery* *B. F. Herman* M. D.

Date of Burial, *May 24<sup>th</sup> 1881* Medical Attendant.

Undertaker, *George Seimbach* Address *175 N. Carey St.*

Place of Business, *No. 389 W. Pratt St.*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 22, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jefferson Brown

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 47 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Groceryman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, { Give street and number } 81 Paterson Av.

Cause of Death { First, (Primary,) Degeneration of Liver & Stomach, probably Cancerous Second, (Immediate,) Six mo's. in poor health several yrs

Duration of last Sickness, Six mo's. in poor health several yrs

All the above information should be furnished by the Physician.

Place of Burial, Union Town Carroll Co Md

Date of Burial, May 24" 1881

Undertaker, Denny & Mitchell

Place of Business, 550 N Fayette St Address, 322 Hollins St

John A. Hood M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

2195 Trac

# Board of Health, City of Baltimore,

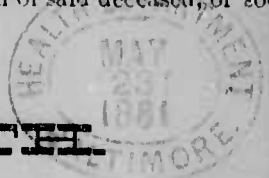
Permit No. 48191

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, May 21

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Geo. Baker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 54 Years, Months, Days.

Color, Brn.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Driver

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Virginia

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, { Give street and number. } 112 Franklin St. Balt.

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Phthisis Pulmonalis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Point B. & A.

Date of Burial, May 23 1885

{ Undertaker, W. Chase

{ Place of Business, 193 Howard St.

Geo. S. McHone, M.D.,

Medical Attendant

Address, For the Paper.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2196

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 22 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jane Lerry

Sex, Male or Female, { cross out the word not required in this line. }

Age, 11 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. } "

Occupation, "

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 74 Lincoln ally

Cause of Death { First, (Primary,) Marasmus  
Second, (Immediate,) 1 yr.

Duration of last Sickness, 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Harb. Cemetery

Date of Burial, May 23 1881

Undertaker, W. H. Chase

Place of Business, 198 Howard St Address, 23 Franklin

M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

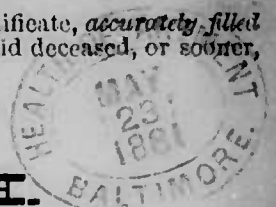
# Board of Health, City of Baltimore,

Permit No. 48193

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *May 22<sup>nd</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary E. Miller*

Sex, Male or Female. { Cross out the word not required in this line. }

Age, *11* Years, *17* Months, *17* Days.

Color, *W*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation, *W*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balto Md*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *256 Lombard St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Catarhal Bronchitis (Supposed)*

Duration of Last Sickness, *about 2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St Petri Cemetery*

Date of Burial, *May 22<sup>nd</sup> 1887*

Undertaker, *Julius Haack*

Place of Business, *240 S. Bond St* Address, *67 7<sup>th</sup> St*

*A. H. [Signature]* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 21 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary J. Fough's Mother

Sex, Male or Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 1 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number }

\* 284 Hamburg St

Cause of Death, { First, (Primary.) }

Asthenia Life

{ Second, (Immediate.) }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Laurel View

Date of Burial, May 23 - 1881

{ Undertaker, Geo W Perkins & Co

{ Place of Business, 230 Avenue St

James H. Smith M.D.  
Bureau of Health and Registrar  
Address, \_\_\_\_\_

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Wm. J. C. ELLERY & CO. CITY PRINTERS AND STATIONERS.

24 4 Do. Wm. J. C. Ellery

# Board of Health, City of Baltimore,

Permit No. 48195

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 23<sup>rd</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gottlieb Steinbach

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 48 Years, 9 Months, Days.

Color, White

Married, Single, Widowed, or Widower, { Cross out the word not required in this line. }

Occupation, Merchant Tailor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, { Give street and number. } 259 S. Bond St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Hemoptysis.

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 24<sup>th</sup> 1881. Nicholas S. Nathiell, M.D., Medical Attendant.

{ Undertaker, Leonard Veury

{ Place of Business, S. Bond St. Address, 207 S. Broadway,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 48196

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48196

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 22, 1888.Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Daisy BarnesSex, ~~Male~~ or Female, { cross out the word not required in this line. }Age, 1 Years, 1 Months, — Days.Color, ColoredMarried, Single, Widow or Widower, { Cross out the word not required in this line. }Occupation, +Birthplace, { State or country, (and how long in the United States, if of foreign birth. } CityDuration of Residence in the City of Baltimore, LifetimePlace of Death, { Give street and number } 154 S. Durham St. below BankCause of Death, { First, (Primary) Second, (Immediate,) } Improper diet. Thrush. Cholera.Duration of last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Luke's ChurchDate of Burial, May 24, 1888 A. V. Goswiler, M. D.

Medical Attendant.

Undertaker, Thos. J. LocksPlace of Business, #73 Jefferson Address, 144 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OV 4E.]

# Board of Health, City of Baltimore,

Permit No. 48197

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 21<sup>st</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. H. Richardson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 10 Months, 11 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } XXX

Occupation, XXX

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 41 S. Caroline St.

Cause of Death, { First, (Primary.) Diphtheria  
Second, (Immediate.)

Duration of Last Sickness, Two or three weeks. was called in last week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 23<sup>rd</sup>, 1881 James E. Dronelle M.D.,  
Medical Attendant.

{ Undertaker, The J. Locks

{ Place of Business, 13 Jefferson St. Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 48198

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 22, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Years, Months, About 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Freundling

Duration of Residence in the City of Baltimore, 4 days

Place of Death, { Give street and number. }

St Vincent's Infant Asylum

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Spasms

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Annie Brae

Date of Burial, May 24, 1881

Undertaker, Dr. Manning

Place of Business, 156 Division St.

Markus Brewer

M.D.,

Medical Attendant.

Address, 68 McCallum St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48199

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 22<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Laberry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 Years, Months, 5 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) } Phthisis Pulmonalis

{ Second, (Immediate.) } Asthma

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 24<sup>th</sup>

{ Undertaker, B. Harle.

{ Place of Business, 82 West Street.

Chas M. Mott M.D.,  
Medical Attendant.

Address, 67 E. Baltimore St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 21<sup>st</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Wilson

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Sixty-two Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bucks Co. Pennsylvania

Duration of Residence in the City of Baltimore, about nine years

Place of Death, { Give street and number } 4 Gault's Lane

Cause of Death { First, (Primary.) Asthma  
Second, (Immediate,) Asthma }

Duration of last Sickness, Eight Weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 23<sup>rd</sup> 1881

{ Undertaker, Wm. H. Simpson

{ Place of Business, 263 Light St Address, 77 Hill St

Julius Hall M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48201

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 21<sup>st</sup> 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margarette Kahn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 6 Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Spontaneous  
Second, (Immediate.) Edema

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 24<sup>th</sup> 81

Undertaker, M. Frank

Place of Business, 280 Canton Ave

Address, 245 S. Baltimore

F. J. [Signature] M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 22<sup>d</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louisa Johnson

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, 9 Years, — Months, — Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Virginia

Duration of Residence in the City of Baltimore, —

About 7 years

Place of Death, { Give street and number }

106 N. Greene St.

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Typhoid Fever  
3 weeks

Duration of last Sickness, —  
All the above information should be furnished by the Physician.

Place of Burial, Laurel Ave

Date of Burial, —

{ Undertaker, B. Stumm

{ Place of Business, —

J. J. Jenkins M. D.  
Medical Attendant.

Address, 2 Cathedral St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 22 1881

Full Name of Deceased, Julia M. Hall

Sex, ~~Male~~ or Female, Female

Age, 67 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, Single

Occupation, Anne Arundel Co. Md.

Birthplace, State or country (and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Two years

Place of Death, No 36 Carrollton Ave.

Cause of Death, First (Primary,) Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Crownsville, Md.

Date of Burial, May 24 1881

Undertaker, Loane, Ind. Windle

Place of Business, 454 W Baltimore St

Address

Saml. H. Anderson M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2197 Transit

# Board of Health, City of Baltimore,

Permit No. 48204

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 23, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Pierce

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, / Months, 2 Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, all its life

Place of Death, { Give street and number. } 9 Foster street

Cause of Death, { First, (Primary.) } Marasmus  
{ Second, (Immediate.) }

Duration of Last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 24th 1881

Undertaker, Chas T Scriven

Place of Business, 271A Eutaw st

G. Law T. Amy, M.D.,  
Medical Attendant.

Address, 129 W Beddle

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 22

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johas G. Thompson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 9 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Dark

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Harford County

Duration of Residence in the City of Baltimore, 8 mos

Place of Death, { Give street and number } 47 St Paul

Cause of Death { First, (Primary,) Tubercular meningitis  
Second, (Immediate,) asthma

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 24<sup>th</sup> 1891

{ Undertaker, Wm J. Gray

{ Place of Business, H. S. M. Albany

Medical Attendant, F. B. Chatard D. M. D.

Address, 114 Park ave

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



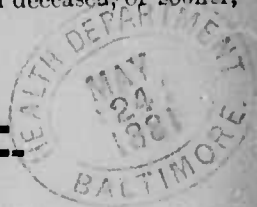
# Board of Health, City of Baltimore,

Permit No. 48206

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *May 23 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } *Henry Frederick*

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *8* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balt*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *207 Hughes*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Infantile Lockjaw*

Duration of Last Sickness, *48 hours*

All the above information should be furnished by the Physician.

Place of Burial, *Western Cemetery*

Date of Burial, *May 24*

{ Undertaker, *Henry Brice*

{ Place of Business, *Hammett St 81*

Address, *146 Hammond*

*Thermon Cook* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48207

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 22<sup>nd</sup> 1881  
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Katie B. Green  
 Sex, Male or Female, { Cross out the word not required in this line. } female  
 Age, Years, 11 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number. } 95 - Alchemah st.

Cause of Death, { First, (Primary.) Measles  
 Second, (Immediate.) Double Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 24<sup>th</sup> 1881

{ Undertaker, Elisha Cox

{ Place of Business, 84 & 86 Bank St Address, 27 N. Broadway

P. G. Jausch M.D.,  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and To List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 23<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } W. R. A. Chepener.

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 30 Years, 2 Months, 1 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, 0

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Eighteen years.

Place of Death, { Give street and number } No 47 President St

Cause of Death { First, (Primary) Inflammation of the Bowels.  
Second, (Immediate), Hæmorrhage

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 25<sup>th</sup> 1881 John J. Titus M. D.  
Medical Attendant.

{ Undertaker, Peter Frey

{ Place of Business, 71 Eastern Ave. Address, 1616 Sanatogae.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

May 23, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Harriet E. Seafeld

Sex, Male or Female, { cross out the word not required in this line. }

Female

Age, 76 Years,

Months,

Days.

Color,

white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Lady

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Ba

Duration of Residence in the City of Baltimore,

30 yrs

Place of Death, { Give street and number }

486 N. Lombard

Cause of Death { First, (Primary,) Second, (Immediate,)

Old age  
Pneumonia  
Four days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial May 25 1881

Undertaker, Geo B. Cook

Place of Business, 107 W Baltimore  
Street

John H. Cook M. D.  
Medical Attendant.

Address, 322 Hollis St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48210

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's cemetery

Date of Burial, May 24 1881

Undertaker, Jos B Gough

Place of Business, No 707 W Baltimore street

Address,

Medical Attendant.

M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *48211*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 23, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Laura B Sellers*

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, *33* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

*Virginia*

Duration of Residence in the City of Baltimore, *About 20 years*

Place of Death, { Give street and number }

*64 N Pennsylvania St*

Cause of Death { First, (Primary.)

*Severe Cold Cough*

Second, (Immediate.)

*Pulmonary Consumption*

Duration of last Sickness, *About one year*

All the above information should be furnished by the Physician.

Place of Burial *Linden Park Cemetery*

Date of Burial, *May 25 1881*

*Hammond*

M. D.

Medical Attendant.

Undertaker, *J H Cook*

Place of Business, *707 West Baltimore Street*

*64 N Penn St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4-211

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 23<sup>rd</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Ghaston

Sex, Male or Female, { cross out the word not required in this line. }

Age, — Years, — Months, 6 Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 403 McHenry St.

Cause of Death, { First, (Primary.) Asthenia (8 months) Second, (Immediate.) } ~~Premature Birth~~

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 24<sup>th</sup> 1888

Undertaker, Joseph B. Cook

Place of Business, 707 W. Baltimore Address, Commissioner of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS

Examined by Geo. E. Brown [OVER.] Inspector

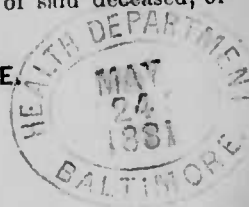
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, May 23<sup>rd</sup> 1881

Full Name of Deceased, Louis Gubernatis

Sex, Male or Female, Male

Age, 1 Years, 3 Months, 8 Days.

Color, white Sex, male

Married, Single, Widow or Widower, Single

Occupation,

Birthplace, Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, 102 S. Eutaw St

Cause of Death, Measles

Duration of Last Sickness, 3 weeks

Place of Burial, Western Cem.

Date of Burial, May 24<sup>th</sup> 81

Undertaker, Wm. G. Tickner

Place of Business, 65 S. Eutaw St

Address, 47 Edmondson ave

Medical Attendant, Jas. E. Gibbons M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48214

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 23<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Wilson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Two (2) Years, Six (6) Months, Days.

Color, Brown skin

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) }  
Second, (Immediate.) } Dysentery

Duration of Last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Park cemetery

Date of Burial, May 24<sup>th</sup> 1881

Undertaker, P. Muller

Place of Business, P. Park Ave Address, 127 St Paul St

J. F. Warrall M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *48215*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

*May 23rd 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

*Hester Woods-*

Sex, *Male* ~~Female~~,

{ Cross out the word not required in this line. }

Age,

*71*

Years,

*11*

Months,

*20*

Days.

Color,

*White*

~~Married~~, ~~Single~~, ~~Widow~~ ~~or~~ ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

*Montgomery Co. - Md.*

Duration of Residence in the City of Baltimore,

*35 years -*

Place of Death,

{ Give street and number. }

*N.E. Cor. Randall & William St.*

Cause of Death,

{ First, (Primary.)

Second, (Immediate.)

*Dropsy Hepatic*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

*Mount Carmel*

Date of Burial,

*May 26*

*J. A. Bell* M.D.,

{ Undertaker.

*B. Hault*

*Coverer & Co.*

{ Place of Business,

*82 West St.*

Address, *161 So. Sharp St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *48216*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 23<sup>rd</sup>, 1881*

Full Name of Deceased, *Ferdinand Krueger*  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Male* or *Female*, cross out the word not required in this line.

Age, *30* Years, *2* Months, *1* Days.

Color, *White*

Married, *Single*, *Widow* or *Widower*, Cross out the word not required in this line.

Occupation, *Clerk*

Birthplace, State or country, (and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, Give street and number *47 N. Gay St.*

Cause of Death First, (Primary.) *Phthis Pulmonalis*  
Second, (Immediate.)

Duration of last Sickness, *Nearly ten years*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 25<sup>th</sup> 1881*

Undertaker, *Wm. H. Meacham*

Place of Business, *45 N. Gay St.*

Address, *5 N. Gay St.*

*M. D.*  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 5m<sup>o</sup> 23<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Aquilla J. Norris

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 64 Years, 3 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 46 years.

Place of Death, { Give street and number } 58 Chew St.

Cause of Death { First, (Primary.)  
Second, (Immediate.) } Dropsy from Liver disease

Duration of last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Nov 26<sup>th</sup>

Undertaker, D. N. Doll

Place of Business, 131 Hanover Address, 306 Madison Avenue

Wm Riley M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48218

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 23<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Arthur Summerwick

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, / Years, 3 Months, / Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 146 S. Broadway

Cause of Death, { First, (Primary.) }  
Second, (Immediate.) } Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 25<sup>th</sup> 1881

Undertaker, { Frederick Schlexer

Place of Business, 214 East Lombard Address, 94 S. Broadway

A. F. Eich M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48219

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 23/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 22 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 150 Gough St.

Cause of Death, { First, (Primary.) Membranous Croup  
Second, (Immediate.) }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 25/1887

{ Undertaker, John Lake  
Place of Business, 161 E. Baltimore St }

Address, 117 S. Broadway

Medical Attendant, R. W. Newkirk M.D.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 24th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward A. Pope

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Cigar Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Fredrick Md.

Duration of Residence in the City of Baltimore, About 12 yrs.

Place of Death, { Give street and number } 289 Lexington St

Cause of Death { First, (Primary.) Second, (Immediate.) } Consumption

Duration of last Sickness, About eighteen mos.

All the above information should be furnished by the Physician.

Place of Burial, Fredrick City Md.

Date of Burial, May 25th 1881.

Silas Baldwin M. D.  
Medical Attendant.

Undertaker, Adrian Weidomeyer

Place of Business, 5182 W. Baltimore Address, 152 Townsend St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2198 Transit

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48221

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *May 24 1891*

Full Name of Deceased, *Charles H. Jones* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Male* { Cross out the word not required in this line. }

Age, *24* Years, *1* Months, *1* Days.

Color, *White*

Married, Single, Widow or Widower, *Single* { Cross out the word not required in this line. }

Occupation, *Bookkeeper*

Birthplace, *Baltimore City* { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *24 years*

Place of Death, *1018 E. Pratt St.* { Give street and number. }

Cause of Death, *Apoplexy* { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel*

Date of Burial, *May 25 1891*

Medical Attendant, *J. H. Jones* M.D.,

Undertaker, *John Jones*

Place of Business, *1018 E. Pratt St.* Address, *244 E. Pratt St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *248222*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *May 24, 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary H. Carr.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female.*

Age, *66* Years, Months, Days.

Color, *White.*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Married.*

Occupation, *None.*

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } *Isle of Guernsey.*

Duration of Residence in the City of Baltimore, *9 years.*

Place of Death, { Give street and number. } *168 Central Ave.*

Cause of Death, { First (Primary,) Second (Immediate,) } *Chronic Valvular Disease of Heart.*

Duration of Last Sickness, *Sick several years - ill 2 weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Carmel*

Date of Burial, *May 25, 1881.*

Undertaker, *Thy. H. H. B. B. B.*

Place of Business, *164 N. Broadway*

Address *227 Carrollton Ave.*

*J. F. Powell* M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48223

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 24. 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Howard Carter

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

2

Months,

Days.

Color,

Black.

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

All of life

Place of Death,

Give street and number.

55 Stockholm St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Hydrocephalus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Sharp Cemetery

Date of Burial,

May 25 1881

Undertaker,

W. H. Chase

Place of Business,

198 Howard

W. S. Boze M.D.,

Medical Attendant.

Address,

206 Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48224

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

Date of Death, 24 <sup>th</sup> May 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Margaret Cox

Sex, ~~Male or Female~~, { Cross out the word not  
required in this line. }

Age, 69 Years, 10 Months, — Days.

Color, *White* / *Sea*

~~Married, Single, Widow or Widower,~~ { Cross out the words not  
required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how)  
long in the United States, if  
of foreign birth. }

Duration of Residence in the City of Baltimore, *Life Time* ✓

Place of Death, { Give street and  
number. } 309 Myrtle Ave

Cause of Death, { First (Primary),  
Second (Immediate),

Duration of Last Sickness, 7 weeks.

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery N. W. corner*

Date of Burial, *Dec 26<sup>th</sup> 1881* *M. D.* Medical Attendant.

{ Undertaker *James H. [illegible]*  
 { Place of Business, *117 N. 5th St. St. Paul* Address *274 Madison Ave*

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 23<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Julie A. Rudolph

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 45 Years, 7 Months, — Days.

Color, White

Married, ~~Singl~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Baltimore

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number }

372 Park Ave

Cause of Death { First, (Primary.)  
Second, (Immediate.) }

Consumption  
About 2 years

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Thursday May 26<sup>th</sup> 1881 11 A.M. M. D.

Medical Attendant.

Undertaker, John H. Wearr & Co

Place of Business, 27 W. Gay St Address, No 2 Cathedral St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48226

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 24, 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm B. Smith  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 1 Years, 11 Months, 8 Days.  
Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 28. Randall St

Cause of Death, { First, (Primary.) }  
Second, (Immediate,) Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 25 Theodore Clarke M.D.,  
Medical Attendant.

{ Undertaker, J B Cook

{ Place of Business, 707 West Baltimore Address, 46 Hancock St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 4822

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 25 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William C. Heginnies

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59 Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Flagman BRORR

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Kent Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 290 Ramsey St

Cause of Death, { First, (Primary.) Unkown }  
{ Second, (Immediate.) }

Duration of Last Sickness, say how

All the above information should be furnished by the Physician.

Place of Burial, Kent county Md

Date of Burial, May 27 1881

{ Undertaker, Jas B. Cook } M.D.,  
Medical Attendant.

{ Place of Business, No 707 W Baltimore } Address, 116 E. ...

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2199 Transit

No. 48228

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, Tuesday May 24<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William E. NewhouserSex, Male or ~~Female~~, { cross out the word not required in this line. } MaleAge, \_\_\_\_\_ Years, 3 Months, 16 Days.Color, WhiteMarried, Single, ~~Widow~~, { Cross out the word not required in this line. } SingleOccupation, NoneBirthplace, { State or country, (and how long in the United States, if of foreign birth. } Chesapeake StDuration of Residence in the City of Baltimore, Since birthPlace of Death, { Give street and number } 122 Chesapeake StCause of Death, { First, (Primary,) Second, (Immediate,) } Marasmus  
DehydrationDuration of last Sickness, 2 month

All the above information should be furnished by the Physician.

Place of Burial, Bald CemeteryDate of Burial, May 25, 1881Undertaker, Thos. A. HughesPlace of Business, Co. Edwards Address, 28 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OV. 51.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 24 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George H. Hammon

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, one Years, 5 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 167 S. Eden St

Cause of Death, { First, (Primary.) Heart Second, (Immediate.) Pneumonia

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baughman's Cemetery

Date of Burial, May 25<sup>th</sup> 1881 D. D. Nuttall M. D. Medical Attendant.

{ Undertaker, Elisha Cox

{ Place of Business, 84 & 86 Bank St Address, 125 Eden

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Quotino

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, About 46 Years, Months, Days.

Color, White Sex, Female

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, About 3 weeks

Place of Death, { Give street and number. } St. Vincent's Hospital

Cause of Death, { First (Primary,) Cancer of the womb. Second (Immediate,) Collapse following operation

Duration of Last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Cemetery

Date of Burial, May 25 1881

Medical Attendant, H. C. Wilson M. D.

{ Undertaker, Jas. V. Byrne Address 146 Park St. Place of Business, 63 Front St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 48231

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 24 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Annie E Orwig

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

~~4~~ Years,

9 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Single

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

All her life

Place of Death,

Give street and number.

81 Oak

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Membranous Croup

Exhaustion

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

Union Meeting House

Date of Burial,

May 26<sup>th</sup> 1881

Undertaker,

Chas T Scriber

Place of Business,

271 N Eutaw St

Address,

55 N Green

W F A Krup M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2200 Transit

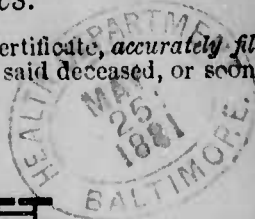
# Board of Health, City of Baltimore,

Permit No. 48232

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, May 24<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henry Perkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 14 Months, — Days.

Color, *Caucasian*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } D.C. City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number. } 2 Bethel Row

Cause of Death, { First, (Primary.) } Pneumonia  
{ Second, (Immediate.) } Six Days

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 25<sup>th</sup> 1881

{ Undertaker, Charles H. White

{ Place of Business, 35 Branby St Address, 57 N. Calvert St

*Charles H. White* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48233

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

May 25 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Belle Munkle

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 9 Months, 25 Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

185 Harrison St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Capillary Bronchitis

Duration of Last Sickness,

9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 26

Undertaker, Walter Munkle

Place of Business, 315 West Baltimore St Address,

Medical Attendant.

Chas W. Prichard M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 418234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 25 1881

Full Name of Deceased, {

Write legibly and spell correctly. If an Infant not named, give names of parents.

Johann Reumann

Sex, Male ~~or Female~~, { cross out the word not required in this line. }Age, 29 Years,        Months,        Days.Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Germany

Birthplace, { State or country, (and how long in the United States if of foreign birth. }

Duration of Residence in the City of Baltimore,       

Place of Death, { Give street and number }

St. S. Polm Street Pt

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Tuberculosis  
PneumoniaDuration of last Sickness,       

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's CemeteryDate of Burial, May 25 1881 John A. Stearns M. D.

Medical Attendant.

{ Undertaker, Henry Sander

Registrar

{ Place of Business, 282 Center Ave Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>accurately filled out,</sup> to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 25th May 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Thos Henry Bentley

Sex, Male or Female, { cross out the word not required in this line. }

Age,        Years,        Months, 19 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,       

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Holland Alley 1st door N. of Pratt

Duration of Residence in the City of Baltimore,       

Place of Death, { Give street and number } Holland Alley 1st door N. of Pratt sh

Cause of Death { First, (Primary.)  
Second, (Immediate.) } Scrophula  
Transition

Duration of last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 26 1881

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

P. D. Benson M. D.  
Medical Attendant.

Address, 187 Hollins st

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 48236

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bernard Schene

Sex, Male or Female, { cross out the word not required in this line. }

Age, 72 Years, 7 Months, Days.

Color, White

Married, Single, Widowed, Widower, { Cross out the word not required in this line. }

Occupation, Formerly Store Keeper. None at this time

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Hanover = Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number } 80 West Street

Cause of Death, { First, (Primary.) Dropsy with Asthma }  
{ Second, (Immediate.) Debility }

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Anthonys Cemetery

Date of Burial, May 27th Geo. G. Brewer M. D.

{ Undertaker, B. H. Hale } Medical Attendant.

{ Place of Business, 82 West Street } Address, 258 W Fayette St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OF 11.]

No. 48237

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 25th May 1881Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles M. E. E. E.Sex, Male or Female, { cross out the word not required in this line. } FemaleAge, thirty Years, five Months, eleven Days.Color, WhiteMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } SingleOccupation, HousewifeBirthplace, { State or country, (and how long in the United States, if of foreign birth. } EnglandDuration of Residence in the City of Baltimore, 7Place of Death, { Give street and number } 2411 Street No. 10Cause of Death, { First, (Primary.) } Pulmonary Consumption  
{ Second, (Immediate.) } 2 YearsDuration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park cemeteryDate of Burial, May 27th 1881Undertaker, Jos B. Clark M. D. Medical Attendant.Place of Business, 107 N. Baltimore Address, 23 N. W. Lincoln

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANT &amp; CO. CITY PRINTERS AND STATISTICIANS.

[0741.]



Permit No. 48238

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles P. H. Lockington

Sex, Male or Female: { Cross out the word not required in this line. }

Age, 1 Years, 4 Months, 7 Days.

Color,

Married, Single, Widowed, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 26<sup>th</sup> 1881

Undertaker, Jos. H. Lock

Place of Business, 16707 N. Baltimore Street

A. W. C. Osburn M.D.,  
Medical Attendant.

Address, 3413 N. Lombard St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 25, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sophia Miller

Sex, Male or Female, { cross out the word not required in this line. }

Age, 10 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } 103 N. Ann St.

Cause of Death { First, (Primary,) Muscular Spasm  
Second, (Immediate,) Congestion Heart & Lungs

Duration of last Sickness, 2 or 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Annapolis

Date of Burial, May 27/81

Undertaker, Fry & Co

Place of Business, 340 Broadway

J. H. Hollenberg, M. D.  
Medical Attendant.

Address, 369 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. POLANT & CO. CITY PRINTERS AND STATIONERS.

2201 Transit

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said *deceased*, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary F. Smick

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 6 Months, ✓ Days.

Color, ✓

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

City of Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number }

225 E. Fayette St.  
Diphtheria

Cause of Death { First, (Primary.)

Second, (Immediate.)

5 days

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 26<sup>th</sup> - 1881

A. P. Remond

M. D.  
Medical Attendant.

Undertaker, Hy & Bro.

Place of Business, 54 N. Broadway

Address, 186 Annapolis St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 48241

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48241The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, 24<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie E. HerminsdofSex, Male or Female, { cross out the word not required in this line. }Age, 4 Years, 6 Months,  Days.Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore CoDuration of Residence in the City of Baltimore, 3 yearsPlace of Death, { Give street and number } No 121 Parrish AlleyCause of Death, { First, (Primary,) Pneumonia  
Second, (Immediate,) Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore CoDate of Burial, May 27<sup>th</sup> Miss Warner M. D.

Medical Attendant.

{ Undertaker, J. B. Cook{ Place of Business, 707<sup>th</sup> Baltimore Address, Shuter & Co.**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, <sup>correctly filled</sup> out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

### CERTIFICATE OF DEATH.

Date of Death, May 24<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard E. Thomas

Sex, Male or Female, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 88 Sterling St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Hydrocephalus

Duration of last Sickness, During life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26/1881

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St.

E. H. Rutter M. D.  
Medical Attendant.

Address, 151. Argonne St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 48243

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT  
MAY 26 1881  
BALTIMORE

## CERTIFICATE OF DEATH

Date of Death, May 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Alfred Krumm

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 9 Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, 2 1/2 yrs.

Place of Death, { Give street and number. } 128 S. Central St.

Cause of Death, { First, (Primary) Pneumonia  
Second, (Immediate) Eclampsia }

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 28<sup>th</sup> 1881

Undertaker, Leonard River

Place of Business, S. Bond St. Bk. Address, 245 T. Baltimore

Flanagan M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Wednesday May 25<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Midhamer

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 38 Years, Months,    Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Painter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lefebvre

Place of Death, { Give street and number } 61 Benson St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Phthisis Pulmonalis  
Asthma + Exhaustion.

Duration of last Sickness, 4 years.

All the above information should be furnished by the Physician.

Place of Burial, Green Park

Date of Burial, May 26 1881

Undertaker, J. H. Crook

Place of Business, 707 W. Baltimore Address, 25 1/2 Greenmount Ave.

Wilmer J. Tomlinson M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48245

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death,

May 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fefolucha Fisher  
Fenal

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 77 Years, 8 Months, 26 Days.

Color,

White  
Widow

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

24 years

Place of Death, { Give street and number. }

No 8 Entaw

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 27<sup>th</sup> 1881

J. G. Wimbler M.D.,  
Medical Attendant.

Undertaker, Wm. G. McKenna

Place of Business, 65 S. Entaw Address, 203 W. Lombard

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48246

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotta Bergthold

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 61 — Years, — Months, 13 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married

Occupation, wife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Hanover Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 157 Duver St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Typhoid fever —  
recrudescence of bowels —

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 29th

Undertaker, G. Timblach

Place of Business, 389 N. Holl St

Address, 86 S. Fayette St

G. A. Dine M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

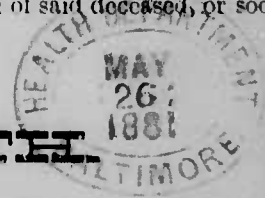
# Board of Health, City of Baltimore,

Permit No. 48247

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, May 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Yuzepher Drubidge

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

1 mo

Place of Death, { Give street and number. }

# 150 Canton Av.

Cause of Death, { First, (Primary.) } Dentition

{ Second, (Immediate.) }

Duration of Last Sickness,

Abt 1 week

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, May 26<sup>th</sup> 1881

Geo. S. Kinnemon M.D.,

Medical Attendant.

{ Undertaker, P. H. Mullin

{ Place of Business, T. Park ave

Address, East Dock

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48248

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, May 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry C. Speigel

Sex, Male Female, { Cross out the word not required in this line. }

Age, 55 Years, 6 Months,  Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 yrs.

Place of Death, { Give street and number. } 41 S. May st.

Cause of Death, { First, (Primary.) } Chiniosis of Liver.  
{ Second, (Immediate.) }

Duration of Last Sickness, 11 weeks (very chronic)

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 27<sup>th</sup> 1881

{ Undertaker, St. Francis

{ Place of Business, 180 Canton Address, St. W. Colver & Reed

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the facts can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

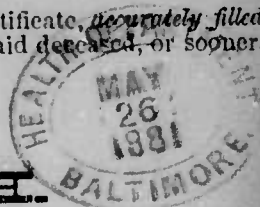
# Board of Health, City of Baltimore,

Permit No. *48249*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

*May 24 1881*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Jane Cox*

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

*65-*

Years,

Months,

Days.

Color,

*White*

Married, ~~Single~~, Widow or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

*Chesterfield County Virginia*

Duration of Residence in the City of Baltimore,

*6 weeks*

Place of Death,

{ Give street and number. }

*431 N. Calhoun St*

Cause of Death,

{ First, (Primary.)  
Second, (Immediate.) }

*Phthisis*

Duration of Last Sickness,

*Twenty*

All the above information should be furnished by the Physician.

Place of Burial,

*Western Cem*

Date of Burial,

*May 26*

*Alexander Trisley*

M.D.,

Attendant.

{ Undertaker,

*H. H. Bygones*

{ Place of Business,

*207 B. Ave*

Address,

*Coroner*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 27-0-200

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 26th May 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elisabetha Kuhn

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 79 Years, 2 Months, 1 Days.

Color, white

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Sulzbach, Bavary, Germany

Duration of Residence in the City of Baltimore, 16 years.

Place of Death, { Give street and number } Eastern Avenue 428.

Cause of Death, { First, (Primary.) Degeneration renunc  
Second, (Immediate,) Apoplexy

Duration of last Sickness, 1 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 27th

Undertaker, W. Frank

Place of Business, 25 Bank St.

William Henkel M. D.  
Medical Attendant.

Address, S. Halpert Street 117.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48257

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 25<sup>th</sup> 1881

Full Name of Deceased, Wilford Thurman  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, One Year, 0 Months, 0 Days

Color, Light Copper

Married, Single, Widow or Widower, Single  
{ Cross out the word not required in this line. }

Occupation, None

Birthplace, Baltimore  
{ State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, One Year

Place of Death, No 127 Chestnut Alley  
{ Give street and number. }

Cause of Death, Cold  
{ First, (Primary.) Second, (Immediate.) }  
 Pneumonia

Duration of Last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 27<sup>th</sup> 1881

Undertaker, Wm H. Bishopp

Place of Business, 97 David Hill

Address, Cor David Hill and  
 Dolph Street

B. F. Bohrer M.D.,  
 Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48252

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, May 25: 10:15 A.M. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Franklin D. Day

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 29 Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Car Maker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 299 E. Lombard St.

Cause of Death, { First, (Primary.) Alcoholism  
Second, (Immediate.) Ecstasy

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City.

Date of Burial, May 27th

{ Undertaker, Mrs. C. Froehlich

{ Place of Business, 244 Eastern Ave. Address, 299 E. Baltimore St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48253

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Monday May 24 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alberta Haskell

Sex, Male or Female, { cross out the word not required in this line. }

Age, 3 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number } 260 Rutburg St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Severe cold  
Pneumonia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, May 26<sup>th</sup> 1881

Undertaker, Saml. W. Chase

Place of Business, 198 S. Howard St. Address, 561 N. Fayette St.

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of ~~the~~ ~~Board~~ ~~of~~ ~~Health~~ ~~City~~ ~~of~~ ~~Baltimore~~ ~~is~~ ~~drawn~~ ~~to~~ ~~the~~ ~~Remarks~~ ~~Below~~, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 25 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Allen

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 37 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Brown

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laundress

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Sept 1878

Place of Death, { Give street and number } 6, State St

Cause of Death { First, (Primary.) Nephritis  
Second, (Immediate,) Bright's Disease

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Harlem Cemetery

Date of Burial, May 27 1881 W. P. Morgan M. D.

Medical Attendant.

Undertaker, W. W. Chase

Place of Business, 128 Howard St Address, 175 Sora Ave St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DELANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Give Special Attention

the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 20/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Saml. D. Rudes

Sex, Male or Female, { cross out the word not required in this line. }

Age, 33 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number } No. 201 W. Lombard St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Pulmonary Consumption

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, May 20/81

Undertaker, Stead & Wanner

Place of Business, 35 Park Address, 97 N. Charles St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

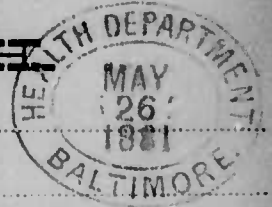
Permit No. *48256*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *May 26, 1881*

Full Name of Deceased, *James Young*

Sex, Male or Female, *Male*

Age, *1* Year, *1* Month, *4* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation,

Birthplace, *Balt. Md.*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, *21 Barnes St.*

Cause of Death, *Scarlatina Anginosa*

Duration of Last Sickness, *4 or 5 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *27 May*

*Geo. A. Hartman* M.D.,  
Medical Attendant.

Undertaker, *Adam Cook*

Place of Business, *161 N. Gay St.* Address, *#305 N. Caroline St.*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *May 26 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Emma Whalen*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *—* Years, *1* Months, *7* Days.

Color, *Colored* Sex, *female*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Balto. city*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *No. 3. N. Parrish St*

Cause of Death, { First (Primary), Second (Immediate), } *Convulsions*

Duration of Last Sickness, *Twenty-four hours*

All the above information should be furnished by the Physician.

Place of Burial, *W. Pub. Cemetery*

Date of Burial, *May 26 1881*

{ Undertaker, Fred A. Kercher Address 126 Mulberry St }

{ Place of Business, ——— }

*J. D. Jordan* M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

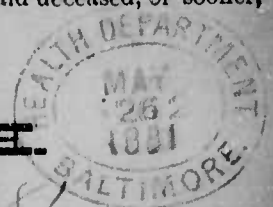
Permit No. 48258

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, May 25th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Maughan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Five Years, 5 Months, 0 Days.

Color, Dark Brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give street and number. } No 8 1/2 Brewer St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Dysentery

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26th 1881

Undertaker, Wm. N. Surges

Place of Business, No 62 East St

B. F. Bohrer M.D.,  
Medical Attendant.

Address, No 62 East St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

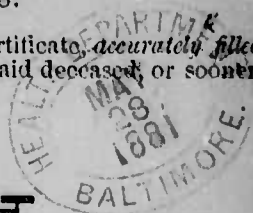
# Board of Health, City of Baltimore,

Permit No. 48259

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, May 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Brice

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 29 Years, — Months, — Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Pittsburg Pa

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number. } 129 Hudson St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pericarditis  
Pneumonia

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, May 27<sup>th</sup> 1881

{ Undertaker, Patrick Mallin

{ Place of Business, P. P. Ave (South) Address, —

J. H. Morris M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of the Board of Health to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May - 25<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Charles H. Greenwood

Sex, Male or Female, { cross out the word not required in this line. }

Age, 62 Years, Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Seaman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Kenk Co, Ind.

Duration of Residence in the City of Baltimore, 45 yrs.

Place of Death, { Give street and number } No-112. S. Collington Ave.

Cause of Death { First, (Primary.) Second, (Immediate,) } Consumption

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baths Cemetery

Date of Burial, May 28<sup>th</sup>

Undertaker, M. Clarke & Sons

Place of Business, 64 E. Baltimore Address, 237. Long-st.

A. T. Clarke M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 48261

The Special Attention of Physicians is invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death,

May 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Malone

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 5 Months, 14 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

221 Boston St Balto.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

221 Boston Street Balto City

Cause of Death { First, (Primary.) }

Born Small &amp; Delicate

Second, (Immediate.)

Patches of heart imperfect

Duration of last Sickness,

Life time

All the above information should be furnished by the Physician.

Place of Burial,

Holy Cross

Date of Burial,

May 27<sup>th</sup>

C. W. Jarney

M. D.

Medical Attendant.

Undertaker,

M. Clarke &amp; Sons

Place of Business,

64 E. Baltimore

Address,

Boston &amp; Pulaski Sts.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



See Special Attendant's Report, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Thursday May 26th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lottie Lynch

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 25 Chew St.

Cause of Death { First, (Primary.) Indigestion  
Second, (Immediate,) Convulsion

Duration of last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's

Date of Burial, May 27<sup>th</sup> 1881

Undertaker, Wm. Weaver

Place of Business, 202 N. Eutaw St. Address, 25 1/2 Greenmount Ave

Wilmer Brinton M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48263

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 26 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Wilhelmina George

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 12 Years, 5 Months, 13 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and number. } 4 Smith St.

Cause of Death, { First, (Primary.) } Disease of Heart.  
{ Second, (Immediate.) } General exhaustion

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park C

Date of Burial, May 28<sup>th</sup> 1881

{ Undertaker, D. Wieland

{ Place of Business, 166. Smith St. Address, 431. Penna Ave.

Medical Attendant, J. W. Christian M.D.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of the Board of Health is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 26 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Gross

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 15 Days.

Color, White

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 25 Baker

Cause of Death, { First, (Primary,) Inanition  
Second, (Immediate,) Life }

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St Alphonses

Date of Burial, May 27<sup>th</sup> 1881 James A. Stearns M. D.

{ Undertaker, on Frank Gros }

{ Place of Business, 25 Baker St Address, Comm of Health  
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

B. Bliss S. J. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48265

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Neoma E. Rush

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Female

Age, 3 Years,

9

Months,

Days.

Color,

White

Child

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

288 Light St  
Diphtheria

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Duration of Last Sickness,

20 Days

All the above information should be furnished by the Physician.

Place of Burial, Ball's Bluff

Date of Burial, May 28

H. B. Noble M.D.,  
Medical Attendant.

{ Undertaker, Armstrong & Denny

{ Place of Business, 263 Light St

Address,

17 Warren St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 48266

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 26

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Webster Boone

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 5 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Bell St No 95

Cause of Death, { First, (Primary.) Profuse  
Second, (Immediate.) Exhaustion }

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Lane Cemetery

Date of Burial, May 28 1877 John A. Schutt M.D.,

{ Undertaker, John W. Beck Medical Attendant.

{ Place of Business, 65 S. Wolf St Address, R. E. Can Lough & Edin

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 4826

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 25/88

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Harriet V. Dorey

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 52 Years,

Months,

Days.

Color,

white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Domestic

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Gloucester Co. Va

Duration of Residence in the City of Baltimore,

26 years.

Place of Death, { Give street and number. }

58 South St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Probable Embolism of Heart

Duration of Last Sickness,

Suddenly

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 27<sup>th</sup> 1888

R. W. Mansfield

M.D.,

Medical Attendant.

{ Undertaker,

W. A. Davis

{ Place of Business,

74 W. Broadway, Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

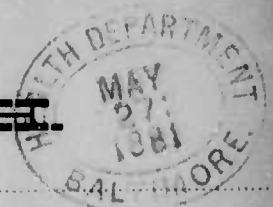
Permit No. 48268

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, May 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nelson W. Slade

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } Male

Age, 79 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Connecticut U.S.A.

Duration of Residence in the City of Baltimore, 43 years

Place of Death, { Give street and number. } No 283 E. Baltimore St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Disease of heart, (ossification)  
Convulsions

Duration of Last Sickness, (Primary unknown) one week

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Cemetery

Date of Burial, May 27 1881 Geo. S. Smith M.D.,  
Medical Attendant.

{ Undertaker, W. A. Dwyer

{ Place of Business, 74 S. Broadway Address, 14 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48269

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 26/81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Matilda Herbert

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Two Years, Months, Days.

Color, Brown skin

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Galto Md

Duration of Residence in the City of Baltimore, Gil

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Convulsions

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, E. Peab Cemetery

Date of Burial, May 27 1881

Undertaker, Patrick Mullin

Place of Business, S. P. Park av Address, 127 St Paul St

J. F. Ward M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

May 26<sup>th</sup> 1881  
Ben Cross

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 64 Years,

Months, Days

Color,

Color

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widower

Occupation,

Farm

Birthplace, { State or country (and how long in United States, if of foreign birth.) }

Baltimore Co Md.

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give street and number. }

92 Plum St

Cause of Death, { First (Primary,) Second (Immediate,) }

Consumption  
6 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 27

Undertaker, Hercules Ross

Place of Business, 15 Conway St

R. C. Lee M.D.  
Medical Attendant.

Address, Hancock Barrens

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48271

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Thomas Goldring

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 7 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 59 Stockton Alley

Cause of Death, { First, (Primary,) Premature Birth  
Second, (Immediate,) Inanition

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, W. Peab Cemetery

Date of Burial, May 27<sup>th</sup> 1881

Undertaker, F. A. Kerchner

Place of Business, S. Carrollton av

Comm of Health  
+ Registrar

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Ex-by F. A. Kerchner [over]

Board of Health, City of Baltimore,

Permit No. 48272

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, May 25<sup>th</sup> 1881  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matthew Clayton  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, 40 Years, Months, Days.  
Color, colored  
Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
Occupation, Laborer  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Kent Co Md  
Duration of Residence in the City of Baltimore, 12 years  
Place of Death, { Give street and number. } 3 N Spring St-  
Cause of Death, { First, (Primary.) Cerebral  
Second, (Immediate.) Apoplexy  
Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery  
Date of Burial, May 27<sup>th</sup> 1881  
{ Undertaker, Abraham Mayman  
{ Place of Business, 13. Caratoga St  
Address, Edmund R Walker M.D.,  
Medical Attendant.  
Corne m 82

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48273

## Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, May 36<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chester Tommy Crawford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, Months, 12, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 36 Jackson St Baltimore

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, { Give street and number. } 20 Holland St Baltimore

Cause of Death, { First, (Primary.)

Second, (Immediate.)

Scarlet Fever

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 28, 1881

C. H. Wagoner M.D.,  
Medical Attendant.

Undertaker, Mr. Byrne

Place of Business, 4 Front St

Address, 18 N. 2nd St

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 48274

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 25<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A. Brown

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 78 Years, Months, Days.

Color, Pale

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widowed

Occupation, D

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number } 203 German St

Cause of Death { First, (Primary) Paralysis  
Second, (Immediate) Old age

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, May 28/81 J. A. Gillis M. D.  
Medical Attendant.

Undertaker, Thos. Rothel

Place of Business, 172 German St Address, 157 N. Eutaw St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit

The Person who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 27 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Anne Welsh*

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, *25* Years, Months, Days.

Color, *colored*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } *Harford Co*

Duration of Residence in the City of Baltimore, *11 yrs.*

Place of Death, { Give street and number } *120 Jasper St.*

Cause of Death { First, (Primary,) Second, (Immediate,) } *Heart Disease Mitral regurg. and consumption*  
*hemorrhage from Lungs*  
*8 months*

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Harford Co*

Date of Burial, *May 28 1881*

Undertaker, *H. S. Sley and O. S. Sley*

Place of Business, *116 Orchard St*

*J. P. Keller* M. D.  
Medical Attendant.

Address, *126 N. Eutaw St.*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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*2202 Transit*

# Board of Health, City of Baltimore,

Permit No. 48276

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 26<sup>th</sup> '81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaretta D. Abel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 80 Years, Months, Days.

Color, white

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, { Give street and number. } 385 E. Lombard St.

Cause of Death, { First, (Primary.) Supposed fatty degeneration of the Heart  
Second, (Immediate.) }

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 28<sup>th</sup> '81

Undertaker, W. France

Place of Business, 280 Canton St. Address, S.W. Culbert & Head St.

John D. Hornum, M.D.,  
" Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48277

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Mintel

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 53 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Widow

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and number. } 51 Essex Str

Cause of Death, { First, (Primary.) Second, (Immediate.) } Ulceration of Stomach  
do do

Duration of Last Sickness, about 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 28<sup>th</sup> 81

Undertaker, M. France

Place of Business, 280 Canton

Medical Attendant, G. C. Schum. M.D.,  
86 E. Fayette Str.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 48278

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May - 27<sup>th</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Anality

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 28<sup>th</sup> / 81

Undertaker, E. Krause

Place of Business,

Address,

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48279

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 27, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Helen

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 75 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number. } No 142 Bank St

Cause of Death, { First, (Primary.) } Dropsy

{ Second, (Immediate.) } Dropsy

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, May 29<sup>th</sup> 1881 M.D.,

{ Undertaker, Henry Sander

{ Place of Business, 252 Cantoway Address,

Medical Attendant, [Signature]

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *48280*

Office of Registrar of Vital Statistics.

The Physician, who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *May, 27<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Annie Kromer*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *7* Years, *—* Months, *23* Days.

Color, *White*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *School Girl*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *During Life*

Place of Death, { Give street and number. } *193 East Pratt Street*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Bilious Fever*  
*Typhoid Fever*  
*Two Weeks*

Duration of Last Sickness, *Two Weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmell*

Date of Burial, *May 29*

{ Undertaker, *Fred. Gaede*

{ Place of Business, *29 Caroline*

*A. Gregg Shenzler* M.D.,  
Medical Attendant.

Address, *11 S. High St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48281

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo Kahler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 44 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Confectioner

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 58 Myddiman Street

Cause of Death, { First, (Primary.) } Phthisis Pulmonalis  
{ Second, (Immediate.) }

Duration of Last Sickness, about 2 1/2 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, May 30<sup>th</sup> 1881

{ Undertaker, Peter Dorey

{ Place of Business, Eastern Ave Address, 67 E. Baltimore St

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the REMARKS below, and to LIST OF DISEASES ON BACK OF THIS

## Board of Health, City of Baltimore,

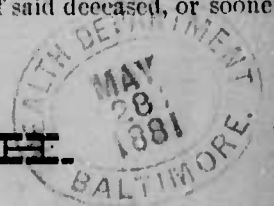
Permit No. 48282

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, May 24/81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Anna Ross

Sex, ~~Male~~ or ~~Female~~. { Cross out the word not required in this line. }

Female

Age, 53 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Blk

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~. { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Ind

Duration of Residence in the City of Baltimore, 46 yrs

Place of Death, { Give street and number. }

296 Humboldt

Cause of Death, { First, (Primary.)

Subacute Gastritis

Second, (Immediate.)

Exhaustion

3 mts

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29<sup>th</sup> 1881

R. H. P. Ellis

M.D.,

Medical Attendant.

Undertaker, Sam. H. P. Chase

Place of Business, No 198 S. Howard Address, 313 Light St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48283

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 26th 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Amie Amelia Butler

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 59 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, House work

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City M. D.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 265 Fremont St.

Cause of Death, { First, (Primary.) Rheumatism Sub-acute  
Second, (Immediate,) Pericarditis and dropsy

Duration of last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29 1881 M. D.

{ Undertaker, W. W. Chase Medical Attendant, J. A. Dyer

{ Place of Business, 1985 Howard St. Address, 146 Hill St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48284

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 27/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Abbas R. Vincent*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 7 Years, 2 Months, Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *—*

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *3rd St.*

Duration of Residence in the City of Baltimore, *Lifton*

Place of Death, { Give street and number. } *73 S. Washington St.*

Cause of Death, { First, (Primary.) *Diphtheria* }  
 { Second, (Immediate.) }

Duration of Last Sickness, *4 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cemetery*

Date of Burial, *May 29/1887*

{ Undertaker, *McCauley* } *R. W. Mansfield* M.D.,  
 { Place of Business, *74 S. Bay* } Medical Attendant.

Address, *117 S. Broadway*



Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 18285

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Leo Solomon Chase

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 Years, 11 Months, 24 Days.

Color, C.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 71 Burgundy Ave

Cause of Death, { First, (Primary.) } Typhoid  
{ Second, (Immediate.) } Apnea

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 28<sup>th</sup> 1881

Undertaker, Geo H. Perkins

Place of Business, 30 Remond St Address, 343 W. Lombard St

Medical Attendant, A. W. Colburn M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48286

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 25 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rosa Pierck

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

22

Years,

1

Months,

21

Days.

Color,

White

Married, Single, Widowed or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

N. York

Duration of Residence in the City of Baltimore,

17 years.

Place of Death,

{ Give street and number. }

148 1/2 Madison St.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Cerebro-Spinal Meningitis

Duration of Last Sickness,

8 days.

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cem

Date of Burial,

May 26-1881

Undertaker,

Geo Shelling

Place of Business,

Ashlan Square Address,

A. B. Quod M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

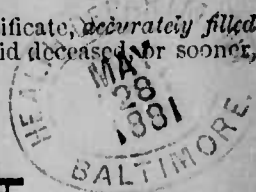
# Board of Health, City of Baltimore,

Permit No. 48287

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

May 26<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lizzie Green

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, \_\_\_\_\_ Years,

Eleven

Months, Twenty-one Days.

Color,

Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

57 Booth St

Cause of Death, { First, (Primary.) }

Marasmus

{ Second, (Immediate.) }

Gumma

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial, ~~Sharp St Cemetery~~

Date of Burial, May 28<sup>th</sup> 1881

Dr. Barclay

M.D.,

Medical Attendant.

{ Undertaker, Wm. H. George

{ Place of Business, No 62 East

Address,

for Homoeopathic Dispensary

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 28 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr Hopkins

Sex, Male or Female, { cross out the word not required in this line. }

Age, 57 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days,

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Retired Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 21 Franklin

Cause of Death { First, (Primary,) Second, (Immediate,) } Pneumonia  
one month

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery "Harford Road"

Date of Burial, 30<sup>th</sup> May 1881 1179 Baltimore M. D.

Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 75 N. Charles St Address, 25 Franklin

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48289

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 27<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. J. & Lellie Brady

Sex, Male or Female. { Cross out the word not required in this line. }

Age, Years, Months, 1/3 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 28<sup>th</sup> 1881

{ Undertaker, Joseph F. Byrne

{ Place of Business, 59 N. Liberty

A. M. Belt, M.D.,  
Medical Attendant.

Address, N. W. Cor St Paul & Madison St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48290

Office of Registrar of Vital Statistics.

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No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George A. & Ella V. Rotstein

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, Near minute Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 61 South Eutan Street

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, { Give street and number. } 61 South Eutan St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Natural Asphyxia

Duration of Last Sickness, Near minute

All the above information should be furnished by the Physician.

Place of Burial, Western Cam.

Date of Burial, May 28<sup>th</sup> 1881

{ Undertaker, Wm. G. Tibbitts

{ Place of Business, \_\_\_\_\_

J. St. Wiley M.D.,  
Medical Attendant.

Address, 58 Eutan St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4

The Special Attention

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 27 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carl Weiss

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, Years, 8 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. ) } Austria

Duration of Residence in the City of Baltimore, a few hours

Place of Death, { Give street and number } St. Ship Brooming

Cause of Death, { First, (Primary.) } Gastro Enteritiales  
{ Second, (Immediate.) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Church

Date of Burial, May 28 1881

{ Undertaker, H. Sanders } { Medical Attendant, J. H. St. John, M.D. }

{ Place of Business, Canton ave } Address, Comm of Health &amp; Registrar

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OT 4R.]

The Special Attention

No. 40072

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48292

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert Mundt

Sex, Male or ~~Female~~, { cross out the word not required in this line. } \_\_\_\_\_

Age, \_\_\_\_\_ Years, 11 Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Austria

Duration of Residence in the City of Baltimore, a few hours

Place of Death, { Give street and number } Star Ship Kronspritz

Cause of Death, { First, (Primary.) Second, (Immediate.) } Gastro Intestinal

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Church

Date of Burial, May 29<sup>th</sup> 1881 Wm. A. Stevens M. D.  
Medical Examiner

{ Undertaker, Henry Bander }

{ Place of Business, Canton ave Address, Comm. of Health  
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

[OVER]

# Board of Health, City of Baltimore,

Permit No.

48293

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 27  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Magdalen Giddens  
Sex, Male or Female, { Cross out the word not required in this line. } Female  
Age, 50 Years, Months, Days.  
Color, White  
Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married  
Occupation, None  
Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany  
Duration of Residence in the City of Baltimore, 12 years  
Place of Death, { Give street and number. } 1019 Baiter St.  
Cause of Death, { First, (Primary.) Delirium tremens  
Second, (Immediate.)  
Duration of Last Sickness, 2 days  
All the above information should be furnished by the Physician.  
Place of Burial, St. Alphonsus  
Date of Burial, May 28<sup>th</sup> 81 M.D.,  
Undertaker, W. Francis Medical Attendant.  
Place of Business, 280 Canton Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



No. 78

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**Permit No. 48294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, May 28<sup>th</sup> 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Agnes BurnsSex, ~~Male~~ Female, { cross out the word not required in this line. }Age, 8 Years,      Months,      Days.Color, whiteMarried, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }Occupation,     Birthplace, { State or country, (and how long in the United States, if of foreign birth. ) } OhioDuration of Residence in the City of Baltimore, 2 yearsPlace of Death, { Give street and number } 80 Centre Market spaceCause of Death, { First, (Primary.) Second, (Immediate,) } MeaslesDuration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's CemeteryDate of Burial, May 28<sup>th</sup> 1881{ Undertaker, James P. Byrne }{ Place of Business, Front St }Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

Exam'd by Beverly Degg S. J. [OVER.]

No. 48295

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 26, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Malinda Ann Tilman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 32, Years, Months, Days,

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number } 44 Burgundy Alley

Cause of Death { First, (Primary,) Acute Atrophy of Liver  
Second, (Immediate,) }

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29 B. F. Phillips M. D.

Undertaker, H. Ross Medical Attendant,

Place of Business, 95 Conway St Address, 327 W. Lombard St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48296

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, May 28th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucia Banks

Sex, Male or Female. { Cross out the word not required in this line. }

Age, 63 Years, Months, Days.

Color, White

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Pennsylvania

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, { Give street and number. }

No 305 Lexington St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Gangrene of the Lungs

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 30th 1881

Pembroke M. Wampler

M.D.,

Medical Attendant.

{ Undertaker, Dewey & Mitchell

{ Place of Business, 550 H. Fayette St

Address, No 215 N. Lombard St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death,

May 27<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Laura Virginia Schuman

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age, 7 Years, 11 Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.

Occupation,

Birthplace, State or country, (and how long in the United States, if of foreign birth.)

B. C.

Duration of Residence in the City of Baltimore,

Life

Place of Death, Give street and number

2 Snodgrass St. near Pratt St.  
Diphtheria

Cause of Death

First, (Primary,)

Second, (Immediate,)

Duration of last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial,

May 29<sup>th</sup>

M. D.

Medical Attendant.

Undertaker,

G. A. Toll

Place of Business,

131 Hanover St.

Address,

119 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

W. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48298

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 28. 1881*

Full Name of Deceased, *Mary Pentur* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *81* Years, Months, Days.

Color, *White*

Married, *Single*, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore, *67 years*

Place of Death, { Give street and number. } *38 Spring Row -*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Old age. Obstruction of the Bowels.*

Duration of Last Sickness, *2 weeks.*



All the above information should be furnished by the Physician.

Place of Burial, *Balti Cemetery*

Date of Burial, *May 30 1881* *W. Honck* M.D., Medical Attendant.

Undertaker, *Henry W. Mears*

Place of Business, *46 N. Gay St* Address, *75 E. 1st St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

May 27, 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

James A. Vetter

Sex, Male or Female, { cross out the word not required in this line. }

Male

Age, Years, 12, Months, Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Bacteriologist

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

12 months

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

82 Elbow Lane

Cause of Death

First, (Primary.)

Second, (Immediate.)

Meningitis

Duration of last Sickness,

Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 28, 1881

Undertaker, Hercules Ross

Place of Business, 95 Conway Address,

A. J. Phillips

Medical Attendant.

27 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 48300

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 27, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jane Brown.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 87 Years,

Months,

Days.

Color,

White

Married, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

50 years.

Place of Death, { Give street and number. }

26 N. Front St

Cause of Death, { First, (Primary.) }

Old age

{ Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, May 28 1881

J. W. Honck, M.D.,  
Medical Attendant.

{ Undertaker, Geo P Byrne }

{ Place of Business, 63 Front }

Address, 75 E. Balto. St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. \_\_\_\_\_  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Sunday, May 29<sup>th</sup>, 1889.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H. Bright

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 2 Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 300 Aisquith St.

Cause of Death { First, (Primary.) Second, (Immediate.) } Scarlet Fever  
Inflammation of Sile ducts with Congestion of Brain.

Duration of last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Beth Cemetery

Date of Burial, May 30 -

Undertaker, John W. Jackson

Place of Business, 528 N. Gay St. Address, 25 1/2 Greenmount Ave.

Wilmer Brewster M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

48302

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~X~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 27 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Samuel J. Goats

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Seven Years, eleven Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

83 Cherry St.,  
Measles

Cause of Death, { First (Primary), Second (Immediate), }

Dropsy  
about three weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, May 28, 1881

Undertaker, John E. Jordan

Place of Business, 2163, Penn

P. Winter  
M. D.  
Medical Attendant.  
Address 323 Mulberry St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48303

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 29, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Whitree

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X X

Occupation, X X X

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 144 S. Spring St.

Cause of Death, { First, (Primary.) Erysipelas  
Second, (Immediate.)

Duration of Last Sickness, One Week - Saw it once -

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Monday May 30, 1881

Undertaker, M. F. F. M.D.,

Place of Business, No. 35 Bank St. Address, 37 E. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48304

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 29, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John G. Meyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years, Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and number. } 111. Fresh St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Hypertrophy of the Heart

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, May 30, 1881

Undertaker, C. F. Krause

Place of Business, Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48305

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 28, 1881, 9, P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Martin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, One Months, One Days.

Color, (Colored)

Married, Single, Widower or Widowed, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } No 111 Chestnut Alley

Duration of Residence in the City of Baltimore, One month and one day

Place of Death, { Give street and number. } No. 111 Chestnut Alley

Cause of Death, { First, (Primary.) } Capillary Bronchitis  
{ Second, (Immediate.) } Four days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Levee Cemetery

Date of Burial, May 29 1881

Undertaker, William M. Dargatz

Place of Business, No 62 East Street

John Davis Heartley M.D.,  
Medical Attendant.

Address, 380 W. Fayette St. Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 29, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georgiana Mitchel

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 3 Years, 6 Months, 23 Days.

Color, Colored.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 150 S. Durham St.

Cause of Death, { First, (Primary.) } Tubercular Meningitis.  
{ Second, (Immediate,) } Paralysis.

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Church

Date of Burial, May 30<sup>th</sup> 1881 A. V. Goswiler, M. D.  
Medical Attendant.

{ Undertaker, Mrs. J. J. J. J.

{ Place of Business, 23 Jefferson Address, 144 S. Ann St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT & CO. CITY PRINTERS AND STATIONERS.

[57411.]

# Board of Health, City of Baltimore,

Permit No. 48307

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *May 28<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ann M O'Connor*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *1* Years, *4* Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *14 months*

Place of Death, { Give street and number. } *53 Harrison St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Diphtheria Croup*  
*36 hours*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial *Cathedral Cemetery*

Date of Burial, *May 30 1881* *O. J. McMahon* M.D.,  
Medical Attendant.

{ Undertaker, *Jas M Byrne*

{ Place of Business, *Front St* Address, *Eastern St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48308

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 29th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Elizabeth Disney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 5 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } No 131 Cecily St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Convulsions

Duration of Last Sickness, 2 1/2 Days

All the above information should be furnished by the Physician.

Place of Burial, A. A. Cemetery

Date of Burial, May 30th 1881

Undertaker, John Schacher

Place of Business, No 150 Broadway

Embridge M. Hendricks M.D.,  
Medical Attendant.

Address, 10205 W. Lombard St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48309

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 27 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Banks

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, Years, Months, 5 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 28 Forrest St

Cause of Death, { First, (Primary,) Second, (Immediate,) } Inanition

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29 1881

{ Undertaker, Abram Wayman }

{ Place of Business, Saratoga St Address, Comm of Health Registrar }

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

Exam by L. V. Fitzpatrick



No. 48310

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 29<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Schandell

Sex, Male or Female, { cross out the word not required in this line. }

Age, 79 Years, 4 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, { Give street and number } 195 Eager St

Cause of Death, { First, (Primary.) Dumbstruck chris  
Second, (Immediate,) dropsy

Duration of last Sickness, about 5 mths

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, 31 1881

Undertaker, Henry Hough

Place of Business, 30 E. Calver St Address, 95 E. S. Sharp St

Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS

[OV4B.]

# Board of Health, City of Baltimore,

Permit No.

48311

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

May 29<sup>th</sup> - 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Belle, Merchant

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

21 Years,

Months,

Days.

Color,

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Suffolk County - Virginia

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 240 Bond St -

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Metritis  
Puerperal Peritonitis

Duration of Last Sickness,

4 Days -

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

May 31 - 1881

Wm L Russell

M.D.,

Medical Attendant.

Undertaker,

Chas. H. Ford

Place of Business,

Central City

Address,

Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48312

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

Date of Death,

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* ~~or Female~~, { Cross out the word not }  
 { required in this line. }

Age, 45 Years,

Months,

Days.

*Color,*

~~Married, Single, Widow or Widower~~, (Cross out the word not )  
required in this line.

Occupation,

*Birthplace,* { State or Country and how  
long in the United States,  
if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

Place of Death, { Give street and number

*Cause of Death,*  $\left\{ \begin{array}{l} \text{First, (Remote,)} \\ \text{Second, (Immediate,)} \end{array} \right.$

Duration of Last Sickness,

**All the above information should be furnished by the Physician.**

Place of Burial,

*Date of Burial,*

( Undertaker,

( *Place of Business,*

*Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[OVER.]

Baltimore May 30<sup>th</sup>  
The P.M. disclosed in the case of Mr Edmund  
P. Kennedy - extensive Peritonitis - due to a  
perforating tuberculous ulcer in the Ileum

\* 48312

Riggin Buckle



# Board of Health, City of Baltimore,

Permit No. 48313

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

May 29<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret Sommerlott,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 42 Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Pervia, Ger.

Duration of Residence in the City of Baltimore,

23 yrs

Place of Death, { Give street and number. }

199 Columbia St.

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Pulmonary Tuberculosis

Duration of Last Sickness,

Confined to Room, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Lanpark Cemetery

Date of Burial, May 30

R. J. H. Tall M.D.,  
Medical Attendant.

Undertaker, John O. Paulus

Place of Business, 66 Frederick

Address, 152, S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48314

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 27<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Butler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One Years, Six Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Gettysburg Pa

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) Dentition  
Second, (Immediate.) Enteric Colitis }  
Two Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fairbairn Cemetery

Date of Burial, May 30 1881

Undertaker, P. H. Mullin

Place of Business, D. P. K. Ave

J. J. Ware M.D.,  
Medical Attendant.

Address, 127 St Paul

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 30/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary K. Merckins

Sex, Female, { cross out the word not required in this line. }

Age, 34 " Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Laundress

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 389 Linden Ave

Cause of Death { First, (Primary), Second, (Immediate), } Pulmonary Congestion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, June 1/81 Thomas Shearer M. D. Medical Attendant.

Undertaker, Levin Mitchell

Place of Business, 330 N. Fayette St Address, 97 N. Charles St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. INGLIS & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 31/1884

Undertaker, J. J. Chenoweth

Place of Business, 336 Perma Ave

Address

215 Druid Hill Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 27

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 418317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 30<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

John Link

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, Years, 33- Months, 2 Days. V

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Baltimore, City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give street and number }

2 Haw St

Cause of Death { First, (Primary,) }

Organic disease of Heart -  
trophy-cardiac

Second, (Immediate,)

2 Years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery.

Date of Burial, May 31<sup>st</sup> 1887 J. H. Purney M. D. Medical Attendant.

{ Undertaker, Wm. H. Hickman }

{ Place of Business, 234 N. Gay St. Address, 76 St. Paul St }

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DELANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48318

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, May 29th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Slavella

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — Years, 2 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } # 265 Alice Anna St

Cause of Death, { First, (Primary.) Internal convulsions. }  
{ Second, (Immediate.) }

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Alphaeus Graveyard

Date of Burial, May 30 - 4 o'clock P.M.

Undertaker, John Brown

Place of Business, 224. S. Bethel

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

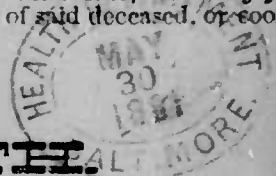
# Board of Health, City of Baltimore,

Permit No. 48319

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, 29 of May 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Turner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years, Months, Days.

Color, Calard

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, A. Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Keant, Maryland

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, { Give street and number. } No 8 Temple St

Cause of Death, { First, (Primary.) Convulsions Spasmi  
Second, (Immediate.) Rupture Hernia }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 30<sup>th</sup>

{ Undertaker, Abraham Wapman

{ Place of Business, 13 Saratoga St

J. H. Clark M.D.,  
Medical Attendant.

Address, No 36 Davis St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48320

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 30th 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary J. Reiser*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *Thirty-eight* Years, *Twenty-nine* Months, *Days.*

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } *Married*

Occupation, *Stenographer*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore city*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *15 Warner St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Phthisis Pulmonum*  
*Exhaustion*

Duration of Last Sickness, *One year*

All the above information should be furnished by the Physician.

Place of Burial, *Louder Park*

Date of Burial, *June 1st 1881*

Undertaker, *Wm. J. Tickner*

Place of Business, *65 S. Eutaw St.* Address, *47 Conway St.*

*DeLancey H. Barclay M.D.,*  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 48321

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 29th May

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Wesley Adams

Sex, Male ~~Female~~, { cross out the word not required in this line. }

Age, 3 Years, Months, Days.

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Dacto City

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number } 139 Raborg St.

Cause of Death, { First, (Primary,) Tuberculosis  
Second, (Immediate,) Marasmus

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 31

Under signer, John H. Adams

Place of Business, 228 S. Howard St. Address, 258 W Fayette St.

Geo. L. Brewer M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 48322

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 29<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of John & Mary Healey

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, 6 hours Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } U.S.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 154 Chesapeake St. Canton

Cause of Death, { First, (Primary.) Second, (Immediate.) } Premature birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, May 30<sup>th</sup> 1881

{ Undertaker, Henry Sander

{ Place of Business, 252 Canterbury Address, 17 S. Broadway

Geo. S. Lynch M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48323

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

May 29<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Katie Desmond

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

3

Months,

—

Days.

Color,

W

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balto Md

Duration of Residence in the City of Baltimore,

During life

Place of Death,

Give street and number.

5 S. Castle Street

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Eclampsia Suppressed

Duration of Last Sickness,

Sudden Death

All the above information should be furnished by the Physician.

Place of Burial,

St Patrick Cemetery

Date of Burial,

Monday May 30<sup>th</sup>

Undertaker,

W. Frank

Place of Business,

135 Bank St

C. M. Moore  
Corner E. & B.

M.D.,

Medical Attendant.

Address,

67 E. Balto St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death,

May 28<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Emily E. Lantz

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 43 Years, 11 Months, 24 Days.

Color, White Sex,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

New York

Duration of Residence in the City of Baltimore,

15 years

Place of Death, { Give street and number. }

218 N. Carrollton Ave

Cause of Death, { First (Primary,) Second (Immediate,) }

Pulmonary Consumption

Asthenia and Apnoea

Duration of Last Sickness, I do not know: she was seen by me first May 13<sup>th</sup> 1881

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

S. E. Chew

M. D.

Date of Burial,

May 31

Medical Attendant.

{ Undertaker,

Stewart & McLean

Address

141 Carrollton St.

{ Place of Business,

35 Park

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. 48325

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, May 29. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Angela

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, ~~42~~ 35 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } No Malaria

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number. } St V. L. asylum

Cause of Death, { First, (Primary.) Marasmus  
Second, (Immediate.) Spasm

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 31. 1881

Undertaker, for Menigau

Place of Business, 102 Division St

Address, 68 McCulloh St

Medical Attendant, Marking Brewer M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48326

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 30<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adolphus S Shaffer Jr

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 36 Years, Months, Days.

Color, white

Married, Single, Widower or Widowed, { Cross out the word not required in this line. }

Occupation, Cotton - Worker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt-

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number. } 12 N. Oliver

Cause of Death, { First, (Primary.) } Suicide by  
{ Second, (Immediate.) } Pistol shot thru brain

Duration of Last Sickness, sudden death (Jury Verdict)

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 30<sup>th</sup> 1887

Undertaker, Wm Weaver

Place of Business, 202 N. Eutan

Medical Attendant, Edmund Prall M.D.,

Address, 1000 N. O. J.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48327

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

May 29/81

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Wm. Eddie Stiles

Sex, Male or Female,

Cross out the word not required in this line.

Age,

4 4

Years,

3

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

MD

Duration of Residence in the City of Baltimore,

78 Church

Place of Death,

Give street and number.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Diphtheria  
Exhaustion

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

May 31 1881

Undertaker,

H. Ross

Place of Business,

15 Conway St

Address,

313 Light St

R. J. Ellis

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

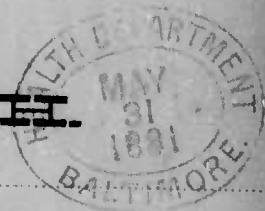
Permit No. 48328

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, May 29<sup>th</sup> 1881

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Ernest Becker

Sex, ~~Male~~ or ~~Female~~, Cross out the word not required in this line. Male

Age, 2 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line. \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, State or Country and how long in the United States, if of foreign birth. Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, Give street and number. N 306. Cross st.

Cause of Death, First, (Primary.) Pneumo Meningitis  
Second, (Immediate.) Asthenia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 31<sup>st</sup> 1881

Undertaker, Julius Koehler

Place of Business, Sharp & Cross st Address, 166 S. Paca st.

C. L. Buddenbottm M.D.  
 Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore

Permit No. 48329

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 29<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. C. Jones

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Years, Two Months, Two Days.

Color, Col.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balta City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 113 So. Bethel St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Cerebro-Spinal Meningitis  
Asthma

Duration of Last Sickness, Eight (8) weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 30<sup>th</sup> 1881

Undertaker, John W. Lock

Place of Business, 65 S. Wolfe St.

Address, 77 So. Broadway

G. L. Miller M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death,

May 29<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Silvester FosterSex, Male ~~Female~~, { cross out the word not required in this line. }

Age,

27

Years,

Months,

Days,

Color, EdMarried, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Minister

Birthplace,

{ State or country, (and how long in the United States, if of foreign birth). }

Richmond Va

Duration of Residence in the City of Baltimore,

On a visit

Place of Death, { Give street and number }

26 Oxford St

Cause of Death

First, (Primary,)

Second, (Immediate,)

Some brain disease probably -  
I had not seen him for two  
weeks previous to his death -

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

May 31<sup>st</sup> 1881R. Winslow

M. D.

Medical Attendant.

{ Undertaker, Henry W. Madden

{ Place of Business,

2116 Archard St

Address,

207 W. Piddle St

Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore

Permit No. 418331

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

May 30th 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Emma C. Hoff

Sex, Male or Female,

Cross out the word not required in this line.

Female

Age,

9

Years,

5

Months,

24

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Baltimore

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

No 68 Portland St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Meningitis

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

June 1st 1881

Undertaker,

Peter Kummer

Place of Business,

317 Mulberry St

Address,

146 S. Paca St.

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 30th 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Ugruber

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 70 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Nursekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 yrs.

Place of Death, { Give street and number } Wall St.

Cause of Death { First, (Primary,) Pneumonia  
Second, (Immediate,) Pulmonalis

Duration of last Sickness, about one year.

Place of Burial, St. Adolph's B.

Date of Burial, May 31st

Undertaker, B. H. Clark

Place of Business, 182 West St. Address, 313 S. Charles St.

Medical Attendant, M. D. J. H. Smith

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

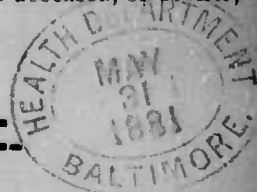
Permit No. 48333

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, May 30 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Friedman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~, ~~or~~ ~~Widower~~, { Cross out the word not required in this line. } ☒

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, { Give street and number. } 79 Cambridge St.

Cause of Death, { First, (Primary.) } Liver disease  
{ Second, (Immediate.) }

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St. P. Hebr. Congregation

Date of Burial, June 1st 1881

{ Undertaker, Th. Seewald

{ Place of Business, 35 S. Eutaw St Address,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

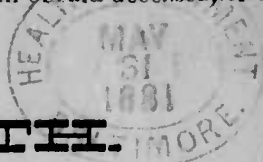
# Board of Health, City of Baltimore,

Permit No. *4833*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, *May 31 1881*

Full Name of Deceased, *George T. Eula* Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Male* or Female, Cross out the word not required in this line.

Age, *4* Years, *4* Months, *1* Days.

Color, *White*

Married, Single, Widow or Widower, *Single* Cross out the word not required in this line.

Occupation, *None*

Birthplace, *Cal. South Eutaw St* State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, *Cal. South Eutaw St* Give street and number.

Cause of Death, *Natural* First, (Primary.)  
*Quarantine* Second, (Immediate.)

Duration of Last Sickness, *10 days* The last of illness on line  
*to 4 days* commencing with 7 months

All the above information should be furnished by the Physician.

Place of Burial, *Western Cem*

Date of Burial, *May 31 1881*

Undertaker, *Wm. G. Tiekner*

Place of Business, *65 S. Eutaw* Address, *168 S. Eutaw*

*L. K. W. [Signature]* M.D.,  
 Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48335

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *May 30. 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Jacob H Frieburger*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *9* Years, *3* Months, *7* Days.

Color, *white*

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, *City Life*

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *30 Pearl St*

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Gun Shot wound to Head*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Louisa Park*

Date of Burial, *June 1<sup>st</sup> 1881*

*Alexander Fleming M.D.,*

Medical Attendant

*Wm J. Fickner*

*65 S. Eutaw St*

*Corner*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48336

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

May 29<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Jacks Rolen

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

21

Years,

Months,

Days.

Color,

White

Married, Single, Widower or Widower,

{ Cross out the word not required in this line. }

Occupation,

Driver

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Cambridge, Md

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

St Joseph's Hospital

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Cerebro Spinal Meningitis (Inflammatory)

Exhaustion

Duration of Last Sickness,

Eight Days

All the above information should be furnished by the Physician.

Place of Burial,

St. P. Cemetery

Date of Burial,

May 30

Undertaker,

Patrick Mullin

Place of Business,

Address,

St Joseph's Hospital

Chas H. Goldsborough M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 4833

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 29<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Albert

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 7 Years, 22 Months, Days.

Color, E. D.

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 19. Parish alley.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 19. Parish alley.

Cause of Death, { First, (Primary.) Inflammation of Brain  
Second, (Immediate.) }

Duration of last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 31 1881

{ Undertaker, Abraham Hayman

{ Place of Business, # 43 Saratoga St Address, C. S. Tucker & Co. Press

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[6748]

Permit No. *48338*

**Board of Health, City of Baltimore,**  
Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

**CERTIFICATE OF DEATH.**

Date of Death,

*May 28/87*

Full Name of Deceased,

{ Write legibly and speak correctly. If an Infant not named, give names of parents. }

*Walter Smith*

Sex, ~~Male~~ or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

*Brown Skin*

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

*Balto Md*

Duration of Residence in the City of Baltimore,

*Lifetime*

Place of Death,

{ Give street and number. }

*57 St Paul St*

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

*Leukemia*

*Duration*

Duration of Last Sickness,

*About a week*

All the above information should be furnished by the Physician.

Place of Burial,

*Second Cemetery*

Date of Burial,

*May 31 1887*

Undertaker,

*William H. Heng*

Place of Business,

*No 62 East Street*

*J. J. Ward*

M.D.,

Medical Attendant.

Address, *127 St Paul*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. **48339**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, **May 30<sup>th</sup>**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Jenny Katzenstein**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **3** Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } **Balto. City**

Duration of Residence in the City of Baltimore, **Whole life**

Place of Death, { Give street and number. } **101 Harrison St.**

Cause of Death, { First, (Primary.) Second, (Immediate.) } **Scarlatina**

Duration of Last Sickness, **2 days.**

All the above information should be furnished by the Physician.

Place of Burial, **Eden & Hebrew Cem.**

Date of Burial, **May 31<sup>st</sup> 1881**

{ Undertaker, **J. E. Eilaw** }

{ Place of Business, **101 Gough St.** Address, \_\_\_\_\_ }

**A. Arnold** M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of:

This Permit Must, in  
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Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 31<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Harriet Chase

Sex, Male or Female, { cross out the word not required in this line. }

Age, 77 Years, 1 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Newark New Jersey

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give street and number }

253 N Howard St

Cause of Death { First, (Primary,) }

Tumor probably ovarian

{ Second, (Immediate,) }

Tumor Dropsy

Duration of last Sickness,

One year about

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 1<sup>st</sup> 1881

Undertaker, Wm Weaver

Place of Business, 202 N. E. St

Address, 64 N Paca St

W. Hammond M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, in cases of births and deaths of illegitimate children.

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[OVER.]



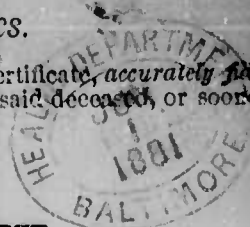
# Board of Health, City of Baltimore,

Permit No. 48341

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, May 30, 1881

Full Name of Deceased, Ellen Camphor

Sex, Male or Female, Cross out the word not required in this line.

Age, 70 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, Carter

Birthplace, Maryland

Duration of Residence in the City of Baltimore, All of life

Place of Death, 127 York St

Cause of Death, Old Age

Duration of Last Sickness, 5-10 1/2

Place of Burial, Laurel Cemetery

Date of Burial, June 1st 81

Undertaker, H. Perkins & Co

Place of Business, 130 Henrietta

Address, 206 Sharp St

Medical Attendant, W. S. Booz M.D.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48342

The Physician who attends any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 31st 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Hartford Weston

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Seven Years, Seven Months, Seven Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 15 Plum Alley

Cause of Death { First, (Primary,) Scarlet fever  
Second, (Immediate,) Pneumonia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 1

{ Undertaker, W Ross

{ Place of Business, 95 Conway St

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48343

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cambridge

Date of Burial, June 3

Undertaker, R. Nellie

Place of Business, Cambridge

Address,

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2206

No. 48344

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 31 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert Lawler

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 5 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Ad -

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give street and number } 29 Holland St

Cause of Death, { First, (Primary.) } Scarcation Malignans  
{ Second, (Immediate,) } aspheric

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cem

Date of Burial, June 1st 1881 D. Sweet M. D.

{ Undertaker, Wm. A. Hickman Medical Attendant.

{ Place of Business, 234 N. Gay St Address, 143 N. Enoch

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER]



# Board of Health, City of Baltimore,

Permit No. 48345

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH



Date of Death, *May 31st 1881*

Full Name of Deceased, *Henry Moyer.* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* ~~Female~~ { Cross out the word not required in this line. }

Age, *60* Years, *—* Months, *—* Days.

Color, *White*

~~Married, Single, Widower~~ *Widower* { Cross out the word not required in this line. }

Occupation, *Stone mason*

Birthplace, *Germany - In America 15 yrs.* { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *5 days.*

Place of Death, *City Hospital* { Give street and number. }

Cause of Death, *Chronic Bright's Dis.* { First, (Primary.) }  
*Hy drops - pericardium* { Second, (Immediate.) }

Duration of Last Sickness, *Three (3) months*

All the above information should be furnished by the Physician.

Place of Burial, *E. Public Cemetery*

Date of Burial, *June 1st 1881*

Undertaker, *Pat Mullin*

Place of Business, *City Hospital*

Medical Attendant, *Henry J. Laciard M.D.*

Address, *City Hospital*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 30. 1881. Elisabetha  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margarethe Volmershausen  
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female  
Age, 55 Years, Months, Days.  
Color, white Sex,  
Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
Occupation, House Keeping  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany  
Duration of Residence in the City of Baltimore, 10 Years  
Place of Death, { Give street and number. } N. Durham St. 32.  
Cause of Death, { First (Primary,) } Cancer Uteri  
{ Second (Immediate,) }  
Duration of Last Sickness, nearly 3 years  
All the above information should be furnished by the Physician.  
Place of Burial, St. Matthews Cemetery  
Date of Burial, June 1th 1881  
{ Undertaker, Caspar Eckhardt }  
{ Place of Business, 269 Canton Ave } Address  
C. H. Pick M. D.  
Medical Attendant

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48347

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death,

May 31st, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Clarissa Heart

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, \_\_\_\_\_ Years,

Four

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore city

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

42 Monumental, between  
Cumberland & Lexington

Cause of Death, { First, (Primary.) }

Second, (Immediate.)

Coma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, June 1st 1881

Dr. L. H. Barclay

M.D.,

Medical Attendant.

{ Undertaker, J. A. Kerchner

for Homoeopathic Dispensary

{ Place of Business,

Address,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48348

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48348

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 31 1888

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John H. Morrison

Sex, Male ~~Female~~, { cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 1 Month, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 18 New Church St

Cause of Death, { First, (Primary.) Malnutrition  
Second, (Immediate,) Inanition

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, June 1 1888

{ Undertaker, Patrick McElhinney } { Comm of Health } { Registrar }

{ Place of Business, \_\_\_\_\_ } { Address, \_\_\_\_\_ }

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. L. V. Fitzpatrick for



The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. **48349**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, **June 18/1881**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Annis Dickel**

Sex, Male or Female, { Cross out the word not required in this line. } **Female**

Age, **11** Years, **16** Months, **7** Days.

Color, **Caucasian**

Married, Single, Widow or Widower, { Cross out the word not required in this line. } **Single**

Occupation, **—**

Birthplace, { State or Country and how long in the United States, if of foreign birth. } **Baltimore**

Duration of Residence in the City of Baltimore, **Since birth**

Place of Death, { Give street and number. } **159 Stirling St**

Cause of Death, { First, (Primary.) **Tubercle of Pneumonia**  
Second, (Immediate.) **Cholera**

Duration of Last Sickness, **Four 4 Days**

All the above information should be furnished by the Physician.

Place of Burial, **St Albans Church**

Date of Burial, **June 2 1881**

Medical Attendant, **Stephen M.D.**

{ Undertaker, **Henry Kocib**

{ Place of Business, **309 Canal St** Address, **Wm. H. Lupton**

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 48387

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, May 21st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Blotkamp

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 23. Years, 8. Months, 10. Days.

Color, Colored White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Boarding

Birthplace, { State or Country and how long in the United States. If of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, 8 1/2 years

Place of Death, { Give street and number. } 8 1/2 years

Cause of Death, { First, (Primary.) } Puerperal state  
{ Second, (Immediate.) } Septic Peritonitis

Duration of Last Sickness, 42 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 2 1881

Medical Attendant, J. W. B. [Signature] M.D.,

{ Undertaker, Henry Hoyer

{ Place of Business, 30 Central Ave Address, 14th N. York

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]

No. 48351

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

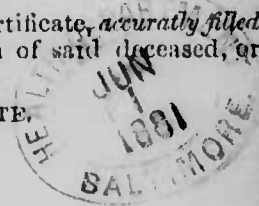
OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48351

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, 31st May 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Gannon

Sex, Male or Female, { cross out the word not required in this line. }

Age, 47 Years, Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number } 18 Scott St

Cause of Death { First, (Primary,) Cancer of the Uterus  
Second, (Immediate,) Inanition

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Church

Date of Burial, June 2nd 1881

{ Undertaker, J. C. Byrne } J. T. Benson M. D.  
Medical Attendant.

{ Place of Business, 39 N. Liberty } Address, 187 Hollins St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 48352

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 31 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Miles S. Whalen

Sex, Male or Female, { cross out the word not required in this line. } Parents

Age, Years, Months, 5 Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 514 Canton Ave

Cause of Death, { First, (Primary,) Second, (Immediate,) } Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's Church

Date of Burial, June 1 1881

Undertaker, H. W. Mears

Place of Business, N. Gay St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS

Exam by Geo E. Taylor [OVER]



# Board of Health, City of Baltimore,

Permit No. 48353

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, *May 31, 1881*

Full Name of Deceased, *Matthe Grung* Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, *1* Year, *1* Month, *13* Days.

Color, *Black*

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, *Ball*

Birthplace, *Swiss Birth* State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Swiss Birth*

Place of Death, *S. Howard St.* Give street and number.

Cause of Death, *Brucelitis* First, (Primary.)  
Second, (Immediate.) *✓*

Duration of Last Sickness, *4 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St. Cemetery*

Date of Burial, *June 1st 81*

Undertaker, *J. Perkins & Co*

Place of Business, *130 Henrietta* Address, *146 Hanover St.*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48357  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, 5.30.81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrik Ann Paff

Sex, Male or Female, { cross out the word not required in this line. }

Age, 28 Years, Months, Days.

Color, Blk

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } London, Eng

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number } 8 Madison

Cause of Death { First, (Primary,) Consumption  
Second, (Immediate,) 3 yrs

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 1st 81

{ Undertaker, George A. Anderson

{ Place of Business, 7 N. Charles St

Address, 349 E

Wm. Eastman M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

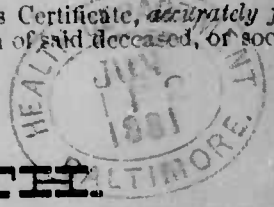
# Board of Health, City of Baltimore,

Permit No. 48353

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

May 31st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charlie Mohammitt

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Seven Years,

Months, Six Days.

Color,

Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

None

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give street and number. }

27 Jordan Alley

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Diphtheria  
Diphtheritic Group  
Five days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Green Cemetery*

Date of Burial, *June 2nd 1881*

Elias C Price M.D.,  
Medical Attendant.

Undertaker, *Samuel W. Madden*

Place of Business, *216 Arch St*

Address, *262 Madison Ave*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48356

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 31<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Samjans

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 95 Years, Months, Days.

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Longford, Ireland.

Duration of Residence in the City of Baltimore, 65 years

Place of Death, { Give street and number. } 191 Bank St.

Cause of Death, { First, (Primary.) Decline of Physical Second, (Immediate.) Powers. }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, June 2 1881

{ Undertaker, M. F. Curran

{ Place of Business, 53. S. Broadway Address, S. W. (John H. Read)

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



Board of Health, City of Baltimore,  
Office of Registrar of Vital Statistics.

Permit No. 48359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 31 May 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James. M. B. Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 16 Years, 26 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Left time

Place of Death, { Give street and number. } No. 38 Davis St. Baltimore

Cause of Death, { First, (Primary.) Consumption & Second, (Immediate.) Dropsy

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 1st 1881

Undertaker, Abraham Weyman

Place of Business, 13 Dorchester Address, No 36 Davis St

J. M. B. M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No.

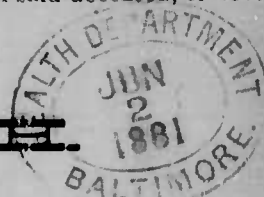
48858

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, June 1 / 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lawrence Camillo

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,                      Years, 11 Months,                      Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 11 wks

Place of Death, { Give street and number. } Peabody Institute, Peabody Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Fever  
Cholera Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus

Date of Burial, June 2<sup>nd</sup> 1881

Undertaker, Andrew & Hodge

Place of Business, No 426 Druid Hill Ave

A. A. Knudsen M.D.,  
Medical Attendant.

Address, 111 N. Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

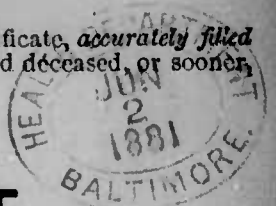
# Board of Health, City of Baltimore,

Permit No. 48359

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, June 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin L. Himmelfarb

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1/2 yr

Place of Death, { Give street and number. } 121 - Pennine Alley (Pennine St.)

Cause of Death, { First, (Primary.) Whooping Cough }  
{ Second, (Immediate.) }

Duration of Last Sickness, 1 - week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 2nd 1881 J. H. Hume M.D.,  
Medical Attendant.

{ Undertaker, J. E. Cherouch }  
{ Place of Business, 336 Pennine Ave. Address, }

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 30 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie McDowell

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 2 Years, 4 Months, 5 Days.

Color, —

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } New Jersey

Duration of Residence in the City of Baltimore, 15 months

Place of Death, { Give street and number } 57 St. Peter St

Cause of Death, { First, (Primary,) Malaria  
Second, (Immediate,) Marasmus }

Duration of last Sickness, About 8 or 9 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, June 2nd 1881

Undertaker, Wm. J. Tichenor

Place of Business, 65 S. Eutan St Address, 642 W. Fayette

C. C. McDowell M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]



No. 48361

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 1<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo J Rakel

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, 6 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 112 E Pratt st

Cause of Death, { First, (Primary,) Convulsions  
Second, (Immediate,) Sickly since birth (living)

Duration of last Sickness, Sickly since birth (living)

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 2<sup>nd</sup> 1881

Undertaker, Rand & Barlett

Place of Business, 12 1/2 W. Baltimore Address, 12 S. Cedar st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48362

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48362The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, June 1 - 1881Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary LynnSex, ~~Male~~ Female, { cross out the word not required in this line. }Age, 0 Years, 7 Months, 0 Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltoDuration of Residence in the City of Baltimore, since birthPlace of Death, { Give street and number } 28 Etting StCause of Death, { First, (Primary.) Second, (Immediate.) } Cerebral (basilar) meningitisDuration of last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent de PaulDate of Burial, June 3 # 1881{ Undertaker, John T. Scrime{ Place of Business, 271A Eutaw StW. J. McDowell (M. D.)  
Medical Attendant.  
338 Madison Ave  
Address,**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DOLAN &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

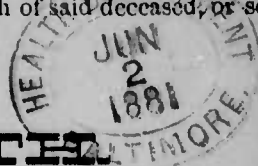
# Board of Health, City of Baltimore,

Permit No. 48363

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, *May 31<sup>st</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Elizabeth Phillips*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *70* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Widow*

Occupation, *House Keeper*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *356 Saratoga*

Cause of Death, { First, (Primary.) *Gastritis* }  
{ Second, (Immediate.) \_\_\_\_\_ }

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore Cem*

Date of Burial, *June 3<sup>rd</sup> 1881*

{ Undertaker, *Chas S Scriven* }

{ Place of Business, *271 N. Calver* }

*Geo. S. Lynch* M.D.,  
Medical Attendant.

Address, *14 S. Broadway*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48364

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

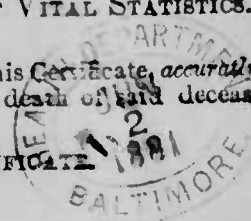
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH.

Date of Death, May 31 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Eliza Stokate

Sex, Male or Female, { cross out the word not required in this line. }

Age, 40 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Restaurant Keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, { Give street and number } 1000 E. Ave

Cause of Death, { First, (Primary.) Phthisis }  
{ Second, (Immediate.) }

Duration of last Sickness, 9 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 2 1881 Geo. H. Benson M. D. Medical Attendant.

{ Undertaker, Amos T. Denny }

{ Place of Business, 263 Light St } Address, 144 Hanover St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



No. 48365  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 21 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca B. Wiegand

Sex, Male or Female, { cross out the word not required in this line. }

Age, 84 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W.C.

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 166 Druid Hill Ave

Cause of Death, { First, (Primary,) \_\_\_\_\_  
Second, (Immediate,) \_\_\_\_\_

Duration of last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 2<sup>nd</sup> 1881 5 1/2 P.M. M. D. \_\_\_\_\_

Medical Attendant, \_\_\_\_\_

{ Undertaker, L. Wiegand

{ Place of Business, 166 Druid Hill Ave Address, 121 W. 1<sup>st</sup> St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

No. 78

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, May 31, 1881Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Femin P. NelsonSex, Male or Female, { cross out the word not required in this line. }Age, 24 Years, 9 Months,      Days.Color, WhiteMarried, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }Occupation, NoneBirthplace, { State or country, (and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, all her lifePlace of Death, { Give street and number } 236 Lee stCause of Death, { First, (Primary,) Second, (Immediate,) } Phthisis  
Ulceration of bowelsDuration of last Sickness, about 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cemDate of Burial, June 3rd 1881 C. H. Williams M. D.  
Medical Attendant.Undertaker, Armstrong & DeeryPlace of Business, 263 Light st Address, 281 Madison Ave**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

{ 0741. }

Printed and Published by the Board of Health, City of Baltimore, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

48367

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

May 31

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Louis P. P. P.

Sex, Male or Female.

Cross out the word not required in this line.

Age,

68

Years,

6

Months,

Days.

Color,

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

30 Yrs.

Place of Death,

Give street and number.

1200 Johnson St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Paralysis of brain

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial,

Cedar Hill Cem.

Date of Burial,

June 2<sup>nd</sup> 1881

M.D.,

Medical Attendant.

Undertaker,

Julius Koehler

Place of Business,

Sharp & Cross, 7

Address,

313 Fifth

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

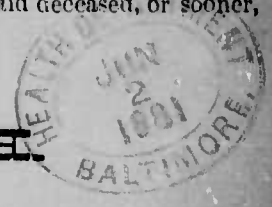
# Board of Health, City of Baltimore,

Permit No. 48368

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, June 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Beard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Coach Maker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Chambersburg Pennsylvania

Duration of Residence in the City of Baltimore, 30 Years -

Place of Death, { Give street and number. } No 24 Miller St -

Cause of Death, { First, (Primary.) Hypertrophy Heart -  
Second, (Immediate.)

Duration of Last Sickness, 9 Months -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 22

Medical Attendant, W. L. Russell M.D.,

{ Undertaker, George Schilling

{ Place of Business, Ashland Square Address, Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48369

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *May 31st 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Samuel Preston*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *One* Years, *Six* Months,  Days.

Color, *Black*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Single*

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Maryland*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *11 Bethel Court*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Phthisis*  
*Exhaustion*

Duration of Last Sickness, *Five weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Samuel Simentery*

Date of Burial, *June 1/1881*

Undertaker, *Charles A White*

Place of Business, *108 Orleans St*

*Samuel J. Welch* M.D.,  
Medical Attendant.

*134 N. E. 1st St*  
Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

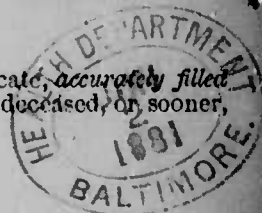
# Board of Health, City of Baltimore

Permit No. 48370

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, June 1st 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Gillian

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, Days.

Color,

Married, Single, Widower or Widower { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 14 Barnes St

Duration of Residence in the City of Baltimore, 1 yr 6 mos

Place of Death, { Give street and number. } 14 Barnes St

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate.) Exhaustion }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Em & God Walls

Date of Burial, June 2 1881

{ Undertaker, Henry Hoerch } Medical Attendant.

{ Place of Business, 319 Calver Ave } Address, 27 N Brady

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48371

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, June 3, 1887,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emilie Grobel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City, Md.,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. }

824 W. Baltimore St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Hemorrhage

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Loreda Park Cemetery

Date of Burial, June 4

J. G. S. Smith, M.D.,  
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 West Baltimore

Address, 584 W. Fayette St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

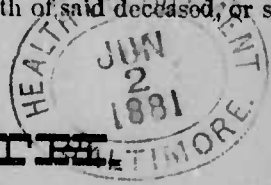
# Board of Health, City of Baltimore,

Permit No. 48372

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH

Date of Death, June 1<sup>st</sup> 1881 10.30 a.m.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Blackstone

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, — Years, // Months, Days.

Color, Mulatto

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 128 Spring Hill av.

Cause of Death, { First, (Primary.) Zuthing  
Second, (Immediate.) Convulsions } ✓

Duration of Last Sickness, 3 days —

All the above information should be furnished by the Physician.

Place of Burial, ~~Roma~~, ~~Bray Cemetery~~

Date of Burial, May 2<sup>d</sup> 1881

{ Undertaker, ~~John J. Gray~~ } Claude Van Bibber M.D.,  
Medical Attendant.

{ Place of Business, ~~15 mallery~~ } Address, 47 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 48373

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 31<sup>st</sup> 1888Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas E. BailSex, Male or Female, { cross out the word not required in this line. } MaleAge, 3 Years, — Months, — Days.Color, CalMarried, Single, Widow or Widower, { Cross out the word not required in this line. } SingleOccupation, —Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 45 Burch of LifeDuration of Residence in the City of Baltimore, —Place of Death, { Give street and number } Burch ofCause of Death, { First, (Primary.) Second, (Immediate.) } Drops in ArteriesDuration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel CemeteryDate of Burial, June 2<sup>nd</sup> 1888 Geo H. Benson M. D. Medical Attendant.{ Undertaker, Samuel W. Chase{ Place of Business, 198 S. Howard St Address, 144 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANT &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *June 1st 1881.*  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *William Hardy Collins*  
Sex, *Male* or Female, { Cross out the word not required in this line. }  
Age, *Seventy* Years, *eight* Months,  Days.  
Color, *White* Sex, *Male*  
Married, *Single* Widow or Widower, { Cross out the words not required in this line. }  
Occupation, *Lawyer*  
Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Delaware*  
Duration of Residence in the City of Baltimore, *Fifty five years*  
Place of Death, { Give street and number. } *No 36 N. Calvert Street*  
Cause of Death, { First (Primary),  
Second (Immediate) } *General failure by reason of age*  
Duration of Last Sickness, *Five months*  
All the above information should be furnished by the Physician.  
Place of Burial, *Green Mount* *Edw. W. White* M. D.  
Date of Burial, *3rd June 1881* Medical Attendant.  
{ Undertaker, *J. W. Jenkins & Son* Address *109 N. Charles St.*  
{ Place of Business, *75 N. Charles St.*

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore

Permit No. 48375

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, May 31/81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wor Meister Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, Months, Days.

Color, Brown Skin

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 57 St Paul St

Cause of Death, { First, (Primary.) }  
Second, (Immediate.) } Agutitis

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2<sup>d</sup> 1881

{ Undertaker, J C Jordan

{ Place of Business, 63 Park Ave

Address, 127 St Paul

E. J. Wood M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48376

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, June 1. 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Meyer.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 31 Years, Months, Days.

Color, W.C.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, waiter girl

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, md

Place of Death, { Give street and number. } 24 Bolton St.

Cause of Death, { First, (Primary.) }  
Second, (Immediate.) Typhoid fever.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eastern Shore Md

Date of Burial, June 3. 1881

Undertaker, John C. Jordan

Place of Business, 63 Park an

G. Lane Tanyhill M.D.,

Medical Attendant.

Address, 129 W. Biddle St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of deaths of illegitimate children. [OVER.]

2208 Transit



# Board of Health, City of Baltimore,

Permit No. 48377

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 1<sup>st</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Burke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, Months, Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. City. ✓

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give street and number. } 5 North Castle St.

Cause of Death, { First, (Primary.) Bright's disease  
Second, (Immediate.) }

Duration of Last Sickness, Reported to me as being several months.  
All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, June 3<sup>rd</sup> 1881, John F. Leominie M.D.,  
Medical Attendant.

{ Undertaker, J. E. Francis

{ Place of Business, 280 Canton Address, 5th Claret & Read St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 48378

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 2, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Andrew O' Donnell

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 14 Years, 14 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number } 21 Cemetery Lane

Cause of Death, { First, (Primary,) Cholera Infantum  
Second, (Immediate,) Convulsions

Duration of last Sickness, About 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, May 3 John H. Leman M. D.

Medical Attendant.

{ Undertaker, J. M. O'Donnell

{ Place of Business, 283 N. Broadway City Address, 283 N. Broadway City

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 48379

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 2 - 81

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } V A - Harney

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 27 Years, 1 Months, 4 Days.

Color, w

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) } phthisis pulmonalis

{ Second, (Immediate.) }

Duration of Last Sickness, 10 - months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C.

Date of Burial, June 4, 1881

{ Undertaker, J. B. Blackistrom

{ Place of Business, Cary St. 22

A. C. Hunt M.D.,  
Medical Attendant.

Address, Cor. Peetman & Carey St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48380

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

June 2 and 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Bouchat

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

1

Years,

6

Months,

—

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

—

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

No 180 Columbia Av.

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Pneumonia double

Spasm

Duration of Last Sickness,

21 days

All the above information should be furnished by the Physician.

Place of Burial,

London Park

Date of Burial,

June 4

C. L. Buddenbom

M.D.,

{ Undertaker,

P. Simonson

{ Place of Business,

317 Mulberry

Address,

166 S. Paca

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 24381  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 2, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levin Robinson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 0 Years, Months, 8 Days.

Color, 0

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No. 35 Arch Street

Cause of Death { First, (Primary.) Second, (Immediate.) } Pus from heart  
Lungs

Duration of last Sickness,  
All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, June 3

Undertaker, John H. Owen

Place of Business, 225 E. Pratt St. Address, 306 N. Fayette St.

Chas. W. Yeager M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48382

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 13/88/

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Sheridan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 4 Months, 3 Days.

Color, White-

Married, Single, Widower or Widowed, { Cross out the word not required in this line. }

Occupation, City Life

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 267 Mulberry St

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) } Convulsions

{ Second, (Immediate.) } 2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Church

Date of Burial, June 14/88/

Alexander Tinsley M.D., Medical Attendant.

{ Undertaker, John Sheridan

{ Place of Business, 267 Mulberry

Address, Corner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48383

## Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested, so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, May 2<sup>nd</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Powell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 65 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Somerset County, Md.

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give street and number. } 283 Canton Avenue

Cause of Death, { First, (Primary.) } Enteritis  
{ Second, (Immediate.) }

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cem.

Date of Burial, June 3

{ Undertaker, Henry Sander

{ Place of Business, 252 Canton Ave Address, 207 S. Broadway

Nicholas L. Dashiell M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48384

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 2<sup>d</sup> / 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Child of J. A. Hall & Ann Hall

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, Months, One Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 52 Milliman St

Cause of Death, { First, (Primary.) Laid to rest Labor. Second, (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Friday June 3

{ Undertaker, O. Emory & Hall

{ Place of Business,

Address, 208 N Broadway

J. W. Chambers M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48385

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 2-1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mellie Rosenthal

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 17 Years,

Months,

Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Match maker.

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Balt. City.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. }

173 Conway St.

Cause of Death,

First, (Primary.)

Scarlet fever.

Second, (Immediate.)

Chronic dysenteric infection.

3 Mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 5th 1881

J. G. Wittshurn

M.D.,

Medical Attendant.

{ Undertaker,

See Gerlach

{ Place of Business,

389 W. Pratt St.

Address,

Lyndal Beach

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48386

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 3<sup>rd</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Jm Lawrence

Sex, Male ~~or Female~~,

cross out the word not required in this line.

Age,

70 Years,

Months,

Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Carpenter

Birthplace,

State or country, (and how long in the United States, if of foreign birth.)

Ireland

48 Years in States

Duration of Residence in the City of Baltimore,

48 Years

Place of Death,

Give street and number

Fremont &amp; Bister St

Cause of Death

First, (Primary.)

Second, (Immediate.)

Neuralgia

6 Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St Peters Cemetery

Date of Burial,

June 5<sup>th</sup> 1881

Undertaker,

John Maacher

Place of Business,

16150 Camden

Address,

76 Saca St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

ack of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William W. Farland

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, 2 Years, 6 Months,    Days.

Color, white

Married ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,   

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, 2

Place of Death, { Give street and number } 218 Broadway

Cause of Death, { First, (Primary.) Second, (Immediate.) } Diphtheria

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Oliver Cemetery

Date of Burial, June 2<sup>nd</sup> 1881

Undertaker, John Maecher

Place of Business, 16150 Camden Address, 98 S. Sharp

H. Apper M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 48388

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Lee Ryan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, eight Months, sixteen Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, whole life

Place of Death, { Give street and number. } 70 Holliday St

Cause of Death, { First, (Primary.) Whooping Cough  
Second, (Immediate.) Convulsions }

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 4th

{ Undertaker, Jos P Byrne

{ Place of Business, N° 62 N. Howard St Address,

J. H. Owens M.D.,  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48389

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Bothe

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 10 Years, 10 Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } No. 255 S. Paca St

Cause of Death, { First, (Primary.) } Diphtheria Maligna  
{ Second, (Immediate.) } Prostration

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician

Place of Burial, Gerwin Luther Davidhill

Date of Burial, June 5th 1881.

{ Undertaker, Adam Weidemyer

{ Place of Business, 518 W. Baltimore Str. Address, 166 S. Paca St

C. L. Buddenbom M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary,) Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address

M. D.

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48391

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 3rd 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Edward Kirby

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 54 Years, Months, Days.

Color, white

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } 340 Franklin St

Cause of Death, { First, (Primary.) Consumption  
Second, (Immediate.) }

Duration of Last Sickness, 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 4th 1881

{ Undertaker, Ambrose & Hodges

{ Place of Business, 104 N. C. Street

J. Miller

M.D.,

Medical Attendant.

Address, 89 N. Greene St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48392

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 2<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Dorsey

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 35 Years, Months, Days.

Color, Col

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } St Marys Co Md

Duration of Residence in the City of Baltimore, Seven years

Place of Death, { Give street and number. } No 55 Stockton alley

Cause of Death, { First, (Primary.) } Phthisis Pulmonalis

{ Second, (Immediate.) } Two weeks

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Magity Anarandaal Court

Date of Burial, June 3<sup>rd</sup> 1881

{ Undertaker, Wm N. Dunsie

{ Place of Business, 42 62 East St

Address, 616 W Balt St

Medical Attendant, J. B. Teague M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Hawkins

Sex, Male or Female, { cross out the word not required in this line. }

Age, Thirty-five Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Housework

Birthplace, { State or country, (and how long in the United States, if of foreign birth. ) } Virginia

Duration of Residence in the City of Baltimore, Twenty-five years

Place of Death, { Give street and number } Moore - all - near Druid Hill ave.

Cause of Death { First, (Primary.) Dissipation  
Second, (Immediate,) Consumption }

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Same Cemetery

Date of Burial, June 11th 1881

F. B. Gardner M. D.  
Medical Attendant.

{ Undertaker, Wm. H. Bishop Jr.

{ Place of Business, 97 Druid Hill ave. Address, 120 N. Greene St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 48394

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 3, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip P. Fairfield

Sex, Male or Female, { cross out the word not required in this line. }

Age, 63 Years, 1 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Conductor, B. O. R. R.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Maryland

Duration of Residence in the City of Baltimore, Entire life

Place of Death, { Give street and number } 848 Corp St

Cause of Death { First, (Primary,) Heart disease  
Second, (Immediate,) } 6 years

Duration of last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, June 5th

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore Address,

Wm M. Eschman M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

No. 48395  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 3rd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. Lee. Mariner

Sex, Male or Female, { cross out the word not required in this line. }

Age, 25 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number } 20 Rust Alley

Cause of Death { First, (Primary.) Dropsy - general  
Second, (Immediate.) 9 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, 6 June 1881

Undertaker, B. Healy

Place of Business, 21st St

Robert S. Rowe M. D.  
Medical Attendant.

Address, 323 Light St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 48396

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 3, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lloyd T. Case

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, / Years, 8 Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 9. Burgundy Alley

Cause of Death { First, (Primary,) Cyanosis  
Second, (Immediate,) One week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4

{ Undertaker, Hercules Ross

{ Place of Business, 95 Conway St

B. F. Phillips M. D.  
Medical Attendant.

Address, 327 Lombard St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is respectfully invited to the blanks below, and to list of diseases on back of this Certificate.

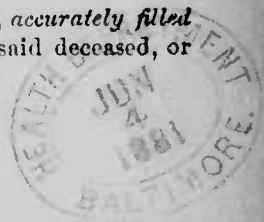
## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *48397*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



### CERTIFICATE OF DEATH.

Date of Death, *June 2nd 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Helen Murray*

Sex, *Male* or *Female*, { Cross out the word not required in this line. } *Female*

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *9* Days.

Color, *Colored* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, *9 days*

Place of Death, { Give street and number. } *172 German st*

Cause of Death, { First (Primary,) *Tuberculosis*  
Second (Immediate,) *Nascentium*

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *Shaw St Cemetery*

Date of Burial, *June 4*

{ Undertaker, *Hawkins Rops* Address *24 Columbia Avenue*  
Place of Business, *25 Conway St*

*Edward Kirby* M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48398

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jane Knox

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 54 Years, 11 Months, 18 Days.

Color, White

Married, ~~Single~~ ~~Widower~~ ~~Widower~~, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No 118. S. Register St

Cause of Death, { First, (Primary.) Epithelial Cancer, of the Cheek, Second, (Immediate.) Lip, Anterior & Posterior halves, and mouth,

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, June 5th

{ Undertaker, W. J. Dwyer

{ Place of Business, Bond 7151

Thomas J. Evans, M.D.,  
Medical Attendant

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. *48399*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *4th June 1881.*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Sophia Blum*

Sex, *Male or Female.* { Cross out the word not required in this line. }

Age, *—* Years, *—* Months, *21* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *—*

Occupation, *—*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *—*

Place of Death, { Give street and number. } *32 N. Eldredge St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Eclampsia*

Duration of Last Sickness, *1 day*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cemetery.*

Date of Burial, *June 5. 1881*

Undertaker, *John Herwig*

Place of Business, *382 Calver St* Address, *57 N. 1st St.*

*W. H. H. M.D.,*  
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents. } Miss August Lewis

Sex, Female, { cross out the word not required in this line. }

Age, 8 Years, 1 Month, 14 Days.

Color, White

~~Married~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation, 71 Poplar St

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore

Place of Death, { street and number }

Cause of Death { First, (Primary,) Indigestion and constipation  
Second, (Immediate,) Enteric condition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 4th M. D.

{ Undertaker, B. H. Bazzard

{ Place of Business, 201 Poplar

Address, 185 W. 1st St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 4840

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, June 3<sup>d</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James A. Donnelly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Bar Keeper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, Twenty Seven Years

Place of Death, { Give street and number. } 385 Canton Avenue

Cause of Death, { First, (Primary.) } Consumption  
{ Second, (Immediate.) }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, June 6<sup>th</sup>

Nicholas L. Dashiell, M.D.,  
Medical Attendant.

{ Undertaker, M. Clark }

{ Place of Business, 64 E. Baltimore } Address, 207 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48402

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Carter

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 45 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Brick Maker -

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, about 25 years -

Place of Death, { Give street and number. } Rice's Brick Yard - So Baltimore

Cause of Death, { First, (Primary.) Phthisis, Second, (Immediate.) Hemoptysis -

Duration of Last Sickness, 12 hours -

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 5th 1881

{ Undertaker, Saml W. Chase Coroner - Dr. Bell M.D., Medical Attendant.

{ Place of Business, 198 S. Howard St. Address, 161 S. Sharp St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 418403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Theodore Pennington

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 66 Years, 2 Months, 22 Days.

Color, Colored Sex, Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Seaman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maryland (East)

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number. } 79 King St.

Cause of Death, { First (Primary,) Pneumonia  
Second (Immediate,) Apnea

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Talbot County

Date of Burial, June 6<sup>th</sup> 1881

Undertaker, Saml Chase

Place of Business, Howard St

Address, 24 Columbia Avenue

Medical Attendant, T. Edward Kirby M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2209 Francis

Board of Health, City of Baltimore,

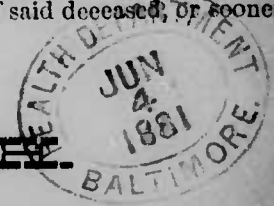
Permit No. 48404

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH



Date of Death, June 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hugh S McLeod

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, 4 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Washington D C

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give street and number. } 30 Grant St

Cause of Death, { First, (Primary.) Accidental Crush  
Second, (Immediate.) Fracture of Vertebral Column  
Immediate Cause of Death Nervous Shock

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician

Place of Burial, Washington D.C.

Date of Burial, June 5, 1881

Edmund R. Walker M.D.,  
Medical Attendant,

{ Undertaker, Thos. V. Hughes

{ Place of Business, 60 E. Fulton St Address, 1832 Corn 7. P.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2210 Transit



The Special Attendant is responsible for the accuracy of the information furnished below, and to the last of diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48405

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, June 2<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Cooke

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 25 Years,      Months,      Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,     

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Eastern Shore Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number. } 48 Moores' alley

Cause of Death, { First, (Primary.) Second, (Immediate.) } Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, W. Park Cemetery

Date of Burial, June 4<sup>th</sup> 1881 Amos A. Stearns M.D.,  
Medical Attendant

Undertaker, J. A. Kercher

Place of Business, S. Carrollton Address, Comm of Health & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by B. Digg S. L.

Board of Health, City of Baltimore,

Permit No. 48406

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 3<sup>d</sup> / 81

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frid Meiners

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 6 Months, Days.

Color, White,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 3 days

Place of Death, { Give street and number. } Alice Anna st No. 311

Cause of Death, { First, (Primary.) } Convulsions  
{ Second, (Immediate.) } Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls

Date of Burial, June 5<sup>th</sup>

{ Undertaker, Henry Sander

{ Place of Business, 252 Canton Ave Address, S.W. cor. Wolf st & Canton ave

C. M. Schutte M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48407

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *Jan 4* 188*1*

Full Name of Deceased, *James Mason* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *42* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *Black*

Married, *Single*, *Widow* or *Widower*, { Cross out the word not required in this line. }

Occupation, *Labourer*

Birthplace, *Ind.* { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Two months*

Place of Death, *City Hospital* { Give street and number. }

Cause of Death, *Morbus Brighti* { First, (Primary.) }  
*Uremia* { Second, (Immediate.) }

Duration of Last Sickness, *Seven months*

All the above information should be furnished by the Physician.

Place of Burial, *E. Park Cemetery*

Date of Burial, *June 11* 188*1*

{ Undertaker, *Patrick Muller*

{ Place of Business, \_\_\_\_\_ Address, *City Hospital*

*J. Keefe* M.D.,  
 Medical Attendant

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48408

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hugh McCoy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Engineer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and number. } 150 N. Bond St

Cause of Death, { First, (Primary.) } Tarryliss  
Second, (Immediate.)

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 6<sup>th</sup>

{ Undertaker, George Schilling

{ Place of Business, Ashland Square

E. C. Baldwin M.D.,  
Medical Attendant.

Address, 124 N. Euter St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 148409

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 4, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Shaver

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, City

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Life

Duration of Residence in the City of Baltimore, 408 Wisconsin St

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Convulsion }  
 { Second, (Immediate.) 2 or 3 hours }

Duration of Last Sickness, 2 or 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 3

Undertaker, Walter Immel

Place of Business, 315 W. Biddle Address, Coroner

Alexander Tinsley M.D., Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page 2.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 3<sup>d</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Elizabeth Wheatley

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Seventy seven Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, many years

Place of Death, { Give street and number } No 1 N. Easte St

Cause of Death, { First, (Primary.) } Bright's Disease  
{ Second, (Immediate,) } Renal

Duration of last Sickness, thirteen days

All the above information should be furnished by the Physician.

Place of Burial, Greenwood Cemetery

Date of Burial, June 6<sup>th</sup> 1881

Undertaker, John W. Locks

Place of Business, 631 S. Wolf St.

Whitfield W. May M. D.  
Medical Attendant.

Address, 1156 Fayette St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 48411

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, *June 3rd 1881*

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. *Mary M. Conway*

Sex, Male or Female, Cross out the word not required in this line. *Female*

Age, *24* Years, — Months, — Days.

Color, *White*

~~Married~~, Single, ~~Widow~~, ~~Widower~~, Cross out the word not required in this line. *Single*

Occupation, *Domestic Servant.*

Birthplace, (State or Country and how long in the United States, if of foreign birth.) *Baltimore*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, (Give street and number.) *15 S. Broadway*

Cause of Death, First, (Primary.) *Malarial fever*  
Second, (Immediate.) *Congestion of lungs.*

Duration of Last Sickness, *6 days.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Patrick's Church*

Date of Burial, *June 5th 1881*

*Wm. S. Lynch* M.D.,  
 Medical Attendant.

(Undertaker, *M. A. Rogers*  
Place of Business, *74 S. Broadway* Address, *17 S. Broadway*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

48415

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

June 4

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Dyson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

20

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

3 weeks

Place of Death,

{ Give street and number. }

10 Ches alley

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Typhoid Fever

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Hanover Co.

Date of Burial,

June the 6

{ Undertaker,

B Harb

{ Place of Business,

No 82 West St

Address,

313 Light St

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

\* 2211



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Henry Taylor

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 30 Years, Months, Days.

Color, Brown skin.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Driver.

Occupation, Acornac Co. Va.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Nine Years.

Duration of Residence in the City of Baltimore, No. 1 Penn Alley

Place of Death, { Give street and number } Pelvic Abscess

Cause of Death { First, (Primary.) Exhaustion.  
Second, (Immediate,) Eighteen Months.

Duration of last Sickness, Eighteen Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5<sup>th</sup> 1881

Undertaker, Geo. H. Perkins & Co.

Place of Business, 130 Henrietta St.

Edward M. Price M. D.  
Medical Attendant.

Address, Cor. Guilford & Lexington Sts.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 48414

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 2nd 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clara Brooks

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 Years, 11 Months, 15 Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 103 Rabun St

Cause of Death { First, (Primary.) Meningitis  
Second, (Immediate.)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8th 1881

Undertaker, W. H. Dunger

Place of Business, 1062 East St Address, 150 N. Eustace St

J. C. Gillies M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 48415

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death,

5th June 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Christian Distelhorst

Sex, Male or Female,

Cross out the word not required in this line.

Age,

61 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore,

30 years

Place of Death,

Give street and number.

43 N. Charles.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Key Drops.

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Balt. County

Date of Burial,

June 7th 1881

Undertaker,

Ross & Bartlett

Place of Business,

12 N. Ball St.

Address,

57 W. 1st St.

C. Hoffman M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48416

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 5<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida - Gill

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 16 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) } Heart Failure

Duration of Last Sickness, 20 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 6<sup>th</sup> 1881

{ Undertaker, Fry & Sons

{ Place of Business, 67 N. Broadway

Medical Attendant, L. J. Gump - M.D.,

Address, 127 N. Avenue

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



# Board of Health, City of Baltimore,

Permit No. 48417

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, June 5<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lily Rae

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 Years, One Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 65 So. Baiter St.

Cause of Death, { First, (Primary.) } Diphtheria  
{ Second, (Immediate.) } Diphtheric Croup-asphyxia

Duration of Last Sickness, Eleven (11) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 6<sup>th</sup>

{ Undertaker, } G. L. Winters M.D.,  
{ Place of Business, } 77 So. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 48418

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, June 6th, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John William Thomas.

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, Years, 4 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore City, Md.

Duration of Residence in the City of Baltimore,

Since Birth.

Place of Death, { Give street and number. }

#248 S. Dallas St.

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Internal convulsions.

Duration of Last Sickness,

Three Days.

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel Cemetery

Date of Burial,

June 10

John H. Rehberger M.D.,  
Medical Attendant.

{ Undertaker,

Wendell Dwyer

{ Place of Business,

Band 157

Address,

#248 S. Dallas St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

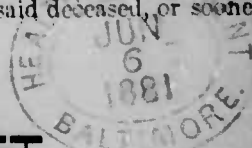
# Board of Health, City of Baltimore,

Permit No. 48419

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, June 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Birdsall~~ Gardner  
Isaac Warren

Sex, Male or ~~Female~~. { Cross out the word not required in this line. }

Age, Years, 11 Months, 10 Days.

Color, white

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

Occupation, Dr. Med

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 15 Biddle St. (E.)

Cause of Death, { First, (Primary.) Second, (Immediate.) } Tuberculous Meningitis  
Coma

Duration of Last Sickness, Few days.

All the above information should be furnished by the Physician.

Place of Burial, ~~Baltimore County~~

Date of Burial, June 7<sup>th</sup> 1881

Undertaker, ~~John H. Weaver~~

Place of Business, ~~1221 Board St~~

H. G. Lusk M.D.,  
Medical Attendant.

Address, Balt. & Wash. Av.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No.

48420

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 3<sup>rd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Theresa Peter

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 55 Years, 10 Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, kept house

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany - In W. S. Misky 1892

Duration of Residence in the City of Baltimore, thirty years

Place of Death, { Give street and number } 21 Larnes Alley.

Cause of Death, { First, (Primary.) Bright's disease  
Second, (Immediate,) uraemia

Duration of last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Airy Cemetery

Date of Burial, June 10

{ Undertaker, J. H. Himmelfarb

{ Place of Business, 317 Mulberry Address, 110 W. Calver St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

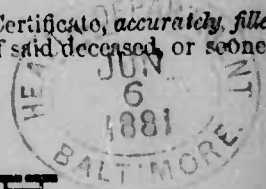
## Board of Health, City of Baltimore,

Permit No. 48421

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



### CERTIFICATE OF DEATH.

Date of Death, June 15th 1881

Full Name of Deceased, Frank X Weber

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 21 Years, — Months, — Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Barman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 21 years

Place of Death, { Give street and number. } 10 Lexington Ave

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pneumonia  
asthma

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 17th

M.D.,

Medical Attendant.

{ Undertaker, W. Kimmner

{ Place of Business, 317 Mulberry St

Address, Green St Mulberry

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48422

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

June 5<sup>th</sup> 81

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Fred Louis Waidner

Sex, Male or Female,

Cross out the word not required in this line.

Age,

9 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

222 Sharp St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Diphtheria

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial,

London Park Cem.

Date of Burial,

June 7, 1881

R. J. N. Tall M.D.,  
Medical Attendant.

Undertaker,

P. J. Dier

Place of Business,

133 Columbia Ave

Address,

152 Sharp St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48423

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 4<sup>th</sup>, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Willekindt

Sex, Male or Female, { cross out the word not required in this line. }

Age, 64 Years, 4 Months, 19 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Baker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 43 years

Place of Death, { Give street and number } 170 Lee St

Cause of Death { First, (Primary.) Fatally Heart  
Second, (Immediate.) Stenosis - Heart incompetent  
a few minutes

Duration of last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 6<sup>th</sup> 1881

{ Undertaker, John Schacher

{ Place of Business, Parks & Fayett Address, 5 Franklin

M. D.

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 4<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Corkran

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 13 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Ballo

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 5 Little Dr

Place of Death, { Give street and number } 5 Little Dr

Cause of Death, { First, (Primary.) Second, (Immediate.) } Traumatic Tetanus

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, June 6th 1881

Undertaker, John Shacher

Place of Business, No 150 Camden Address, 283 W Lombard

Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DOLAN & CO. CITY PRINTERS AND STATIONERS.

[ov 41.]



The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

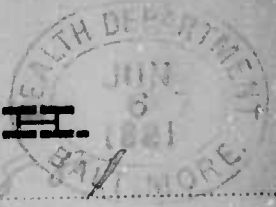
Permit No. 48425

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.



Date of Death, June 4, 1881

Full Name of Deceased, Ella E. Child

Sex, Male or Female, Cross out the word not required in this line.

Age, 14 Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, School Girl

Birthplace, State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number, 420 Macadam St

Cause of Death, First, (Primary), Phthisis

Duration of Last Sickness, 1 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, [Redacted]

Date of Burial, June 10, 1881

Undertaker, O. H. Hughes

Place of Business, 60 E. Baltimore St

Alexander Busby M.D., Medical Attendant.

Address, Coroner

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48426

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death,

June 5. 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Rev. W. Mitchell

Sex, Male or Female,

Cross out the word not required in this line.

Age,

56 Years,

Months,

Days.

Color,

white

Married, Single, Widowed or Widower,

Cross out the word not required in this line.

Occupation,

Baker

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Dorchester Co. Me. d.

Duration of Residence in the City of Baltimore,

Forty-five yrs.

Place of Death,

Give street and number.

363 E. Gay St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Acute compensating Hypertrophy of the left Ventricle of the heart.

Duration of Last Sickness,

Three months

All the above information should be furnished by the Physician.

Place of Burial,

Balto Cemetery

Date of Burial,

June 7th 1881

G. G. Rusk

M.D.,

Medical Attendant.

Undertaker,

Denny & Mitchell

Place of Business,

658 Broadway

Address,

Balt. & Wash. D.C.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 4842

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

Months,

8

Days.

Color,

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Address,

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48428

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 5th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rhena C. Gerlach

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 4 Months, 15 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, (and how long in the United States, if of foreign birth. ) } Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number } 195 Vine St.

Cause of Death { First, (Primary.) } Bright disease of Kidney  
Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Germantown Druid Hill

Date of Burial, June 6th 1881.

{ Undertaker, Adam Weidemeyer } H. L. Spicer M. D.  
Medical Attendant.

{ Place of Business, 5182 N. Baltimore St. Address, 387 W. Lombard St. }

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. 48429

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death, June 5<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Pettaglinato

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 47 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Musician

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number. } 63 President St.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Pulmonary Tuberculosis

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, June 7<sup>th</sup> 1881

{ Undertaker, James D Byrne

{ Place of Business, 63 N Front St

D W Cathell

M.D.,

Medical Attendant.

Address, 211 N Front St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...to the Registrar of Vital Statistics, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48430

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, June 5. 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah E. Hayward

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 132 York

Cause of Death, { First, (Primary.) } Convulsions  
Second, (Immediate.) Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6th 81

Undertaker, J. H. Perkins & Co.

Place of Business, 130 Henrietta

W. E. Boorze M.D.,  
Medical Attendant.

Address, 206 Sharp St

from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48431

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

June 6<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Herman Struth

Sex, Male or Female,

Cross out the word not required in this line.

Age,

47

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Liquor dealer

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Germany

24 years in U.S.

Duration of Residence in the City of Baltimore,

24 years

Place of Death,

Give street and number.

14 S High St

Cause of Death,

First, (Primary.)

Chronic alcoholism (Dr. Arnold)

Second, (Immediate.)

Apoplexy, probably  
continuously over 1370 lbs  
& sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Lincoln Park

Date of Burial,

June 8<sup>th</sup> 1881

Undertaker,

Peter Frey

Place of Business,

41 Eastern Ave

Edmund J. Porwalke M.D.,  
Medical Attendant.

Address,

Corone M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48432

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death,

June 5 - 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

James Lanson

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, 8 Months, Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number }

Cause of Death { First, (Primary,) Second, (Immediate,) }

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 7th 1881

Undertaker, W. H. Chase

Place of Business, 199 S. Howard Address,

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



Permit No. 48433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

ificate; *accurately filled*  
and deceased or sooner,

Date of Death, June 6 1887 Jennie Wilson

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John B. Ellsworth

*Sex, Male or Female,* { Cross out the word not  
required in this line. }

Age, 26 Years,        Months,        Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not  
required in this line. }

Occupation, .....

Birthplace, { State or Country and how }  
 { long in the United States, }  
 { if of foreign birth. }

Duration of Residence in the City of Baltimore, Three Years

Place of Death: { Give street and }  
number. { } *170 Congress St*

Cause of Death, { First, (Primary.) .....  
Second, (Immediate.) *Pneumonia* .....

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Pleasant*

Date of Burial, June 8<sup>th</sup> 1890 M.D.

(Undertaker, *G. T. Ball*

Place of Business, 131 Hanover St. Address, 146 New Dover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48434

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

May 6 June

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Hermon O. Fauteroy

Sex, Male or Female,

{ Cross out the words not required in this line. }

Male

Age,

Years,

9 Months,

25 Days

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Birthplace,

{ State or country (and how long in United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore,

all his life

Place of Death,

{ Give street and number. }

50 Little Monument St

Cause of Death,

{ First (Primary,) }

{ Second (Immediate,) }

Enteritis - Must have picked something from the floor -

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 7<sup>th</sup> 1881

Undertaker,

Andrew & Hedges

Place of Business,

No 4 & 6 Druid Hall Ave

Address,

55 N. Green

H. J. A. Kemp

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[RE.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

48435

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

June 6 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ann Carpenter

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

74

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Balt lev

Duration of Residence in the City of Baltimore,

15 yrs

Place of Death,

{ Give street and number. }

84 Myrtle St

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

General Debility

3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Arlington Bulto Co

Date of Burial,

June 7th 1881

Alexander Tinsley

M.D.,

Medical Attendant

{ Undertaker,

Andrews & Hodges

{ Place of Business,

No 486 Grand Hotel

Address,

Coroner

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *48436*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, *June 6<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Alfonzo Stuart*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *—* Years, *One* Months, *14* Days.

Color, *Light*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *✓*

Occupation, *✓*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Boston Mass*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number. } *57 St Paul*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Enteric Colitis*

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peter's Cemetery*

Date of Burial, *June 9, 1881*

Undertaker, *Patrick Madden*

Place of Business, *S. P. Park ave* Address, *127 St Paul*

*J. J. Ward* M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



Physician is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *48437*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

*June 6<sup>th</sup> 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

*John Henson*

Sex, Male or Female,

Cross out the word not required in this line.

Age,

Years,

*3*

Months,

Days.

Color,

*Dark*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Balto Md*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death,

Give street and number.

*57 St Paul St*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Pneumonia*

Duration of Last Sickness,

*2 Weeks*

All the above information should be furnished by the Physician.

Place of Burial,

*St. Peter's Cemetery*

Date of Burial,

*June 7<sup>th</sup> 1881*

*J. P. Ward*

Medical Attendant.

Undertaker,

*Patrick Mullin*

Place of Business,

*S. P. Park*

Address, *127 St Paul St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

## OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Date of Death, June 6, 1881.

Lucey Boston

female

Months, ..... Days.

Colonel.

Long te

Domestic Servant

Baltimore

40 years

59 Moores Alley

Cancer. General deaths  
prevailing to the White System  
18 months

All the above information should be furnished by the Physician.

W. R. Lee,

..... *M. D.*  
Medical Attendant,

Place of Business, ~~714~~ 114 Chestnut St.

Address, 306 Madison Avenue

*Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Information of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *4839*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

*June 6. 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Frank Freeman*

Sex, Male or Female,

Cross out the word not required in this line.

Age,

*64* Years,

Months,

Days.

Color,

*white*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

*Cooper*  
*German*

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

*Forty yrs!*

Place of Death,

Give street and number.

*349*

*E. Fayette St.*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Infectious Catarrh (chronic)*  
*breath and*  
*sing months*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

*St. Michael's*

Date of Burial,

*June 8<sup>th</sup> 1881*

Undertaker,

*Mr. France*

Place of Business,

*Canton av*

Address,

*Baltimore*

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48440

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

June 6th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Thomas Bissett Jr.

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

Sixty-two

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Married

Occupation,

Stone-cutter

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death,

Give street and number.

31 Scott St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Phthisis Pulmonum

Exhaustion

Duration of Last Sickness,

Eighteen months

All the above information should be furnished by the Physician.

Place of Burial,

St. Oliver's Cemetery

Date of Burial,

June 7th

Dr. Launcy H. H. M.D.,

Medical Attendant.

Undertaker,

B. Blackiston & Son

Place of Business,

22 S. Carey St.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48441

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, June 6<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Susanah Upf

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 41 Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Germany,

Duration of Residence in the City of Baltimore,

15 years,

Place of Death, { Give street and number. }

# 162 Madeira Alley

Cause of Death, {

First, (Primary.)

Ascites

Second, (Immediate.)

Duration of Last Sickness,

Five months,

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel Cem.

Date of Burial,

June 8<sup>th</sup> 1881

John H. Rehberg M.D.,  
Medical Attendant.

{ Undertaker,

Henry Sunder

{ Place of Business,

242 Canton Ave.

Address,

# 243 Alice Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *48442*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,...

*June 6<sup>th</sup>*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

*Allen Nathan Little*

Sex, Male or Female, { Cross out the word not required in this line. }

*Male*

Age,

Years,

Months,

Days.

Color,

*white*

Sex,

*Male*

Married, Single, Widow or Wittower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

*365 Division*

Duration of Residence in the City of Baltimore,

*2 days*

Place of Death, { Give street and number. }

*365 Division*

Cause of Death, { First (Primary,) Second (Immediate,) }

*convulsions*

Duration of Last Sickness,

*One day*

All the above information should be furnished by the Physician.

Place of Burial,

*Madison Branch*

*7 Fildams*

M. D.

Date of Burial,

*June 8<sup>th</sup> 1881*

Medical Attendant.

{ Undertaker,

*J. C. Hough*

Address

*215 Grand Hill Ave*

{ Place of Business,

*320 Centre Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

*2412 Transit*

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48443

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

June 7, 1881.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Ephraim Story

Sex, Male or Female,

Cross out the word not required in this line.

Age,

66

Years,

Months,

Days.

Color,

White

Married, Single, Widowed or

Widower, Cross out the word not required in this line.

Occupation,

House Painter

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Queen Anne's Co. Md.

Duration of Residence in the City of Baltimore,

About forty years

Place of Death,

Give street and number.

86 Columbia St.

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Albumenuria

Duration of Last Sickness,

Several Months

All the above information should be furnished by the Physician.

Place of Burial,

London Park Cts.

Date of Burial,

June 9th 1881

Medical Attendant.

Undertaker,

John S. Washer,

Place of Business,

No 150 Camden St.

Address,

505 W. Fayette St.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 6

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Nolan

Sex, Male or Female, { cross out the word not required in this line. }

Age, 3 Years, 5 Months, 13 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 137 Vine

Cause of Death, { First, (Primary.) Diphtheria  
Second, (Immediate,) }

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peaters Cemetery

Date of Burial, 7 June

{ Undertaker, Peatter Hurmt

{ Place of Business, 317 Mulberry Address, 283. W. Lombard

M. D.  
Medical Attendant.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *48445*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

*June 6<sup>th</sup> 1881*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Paula Groves  
Inaleo*

Sex, Male or Female,

Cross out the word not required in this line.

Age,

*5*

Years,

Months,

Days.

Color,

*Colored*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Cantonville Ind*

Duration of Residence in the City of Baltimore,

*3 weeks*

Place of Death,

Give street and number.

*53 Vincent St*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Diphtheria*

Duration of Last Sickness,

*3 weeks*

All the above information should be furnished by the Physician.

Place of Burial,

*Sharp Cemetery*

Date of Burial,

*June 7 1881*

Undertaker,

*William W. Dwyer*

Place of Business,

*No 62 East Street*

Address,

*41 N. Carey St*

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully ~~drawn~~ <sup>called</sup> to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *48446*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

*June 7 - 1881 -*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Edward Brown*

Sex, Male or Female,

Cross out the word not required in this line.

*Male*

Age,

*23*

Years,

Months,

Days.

Color,

*Colored*

Married, Single, Widow or Widower,

Cross out the word not required in this line.

*Married*

Occupation,

*Brick-maker*

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Balt. City*

Duration of Residence in the City of Baltimore,

*Lifetime*

Place of Death,

Give street and number.

*#83 N. Bethel St.*

Cause of Death,

First, (Primary.)

*Tuberculosis (Pulmonary)*

Second, (Immediate.)

*Acute Crupous Pneumonia.*

Duration of Last Sickness,

*Three (3) weeks*

All the above information should be furnished by the Physician.

Place of Burial,

*Green Cemetery*

Date of Burial,

*June 8 1881*

*Geo F. Ogden* M.D.,  
Medical Attendant.

Undertaker,

*Wm J. Lock*

Place of Business,

*73 Jefferson*

Address,

*222 N Broadway*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48447

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lennie Brand

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Five Years, Nine Months, ✓ Days.

Color, col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } No 68 N. Spring St

Cause of Death, { First, (Primary.) Second, (Immediate.) } Scarlatina  
Toxæmia  
Four days

Duration of last Sickness, Four days  
All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, June 7th 1881

Undertaker, Theo J. Locks

Place of Business, 12 Jefferson St

Volunteer M. D.  
Medical Attendant.

Address, 116 E. Fayette St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *48448*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *June 5<sup>th</sup>*

Full Name of Deceased, *Blanche Bon...*

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Male* or Female, Cross out the word not required in this line.

Age, *6* Years, Months, Days.

Color, *col*

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation, *✓*

Birthplace, *Balto.*

State or Country and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *27 Macfar St.*

Give street and number.

Cause of Death, *Erysipelas*

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St. Cem.*

Date of Burial, *June 7<sup>th</sup> 1881*

Undertaker, *Wm. S. Bishop, Jr.*

Place of Business, *97 Ohio St. av.*

*James B. McKim* M.D.,  
Medical Attendant.

Address, *Fryer & Pears*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 21 Years,

Color,

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First (Primary.)  
Second (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Greenwood Baltimore*

Date of Burial, *June 9th*

{ Undertaker, *Geo Schilling*

{ Place of Business, *Eschland Square*

Address

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 448450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

7th June, 1887.

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

John Kaster.

Sex, Male ~~Female~~

Cross out the word not required in this line.

Age,

Years,

11

Months,

3

Days.

Color,

White

Sex,

Male.

~~Married, Single, Widowed, or Widower,~~

Cross out the words not required in this line.

Occupation,

Birthplace,

State or country (and how long in the United States, if of foreign birth.)

Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, Give street and number.

143 Stirling St.

Cause of Death,

First (Primary,)

Second (Immediate,)

Dysentery.

Cramps.

Duration of Last Sickness,

1 day.

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 8th

Martin Loh.

M. D.

Medical Attendant.

Undertaker,

Geo Schilling

Address

75 S. Bond St.

Place of Business,

Adams Square

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *484 SY*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *June 7, 1881*

Full Name of Deceased, *Harry A. Collins*  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Male* or *Female*, (Cross out the word not required in this line.)

Age, *Ten* Years, *Twenty-three* Months, *Three* Days.

Color, *White*

*Married*, Single, *Widow* or *Widower*, (Cross out the word not required in this line.)

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *423 Franklin St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *"Measles"*  
*Doubt Pneumonia*

Duration of Last Sickness, *Six days*

All the above information should be furnished by the Physician.

Place of Burial, *Bonnie Bona*

Date of Burial, *June 8th 1881*

Undertaker, *John Bennett*

Place of Business, *317 Mulberry*

Address, *584 W. Fayette St*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *48482*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death, *June 7<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Margaret Ann Redch*

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, *27* Years, Months, Days.

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, *None*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City, Md.*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, { Give street and number. } *269 S. Ann St.*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Enteritis*

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Paul's Cemetery*

Date of Burial, *June 8<sup>th</sup> 1881*

{ Undertaker, *John C. Schuch* }

{ Place of Business, *265 N. Howard St.* } Address, *207 S. Broadway*

*Nicholas L. Dashiell* M.D.,  
Medical Attendant.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



No. 48453

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48453.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 7<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William T. Wilson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 48 Years, 2 Months, 11 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Barber

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number } 34 E. Monument St

Cause of Death, { First, (Primary.) } He had a tumor left - Liver Region, which I think was  
Second, (Immediate.) } Exhaustion (He suffered great pain in the chest  
and was unable to move)

Duration of last Sickness, Said to have been sick about 4 months. I say

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8<sup>th</sup> 1881

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St

W. B. Griffith M. D.  
Medical Attendant.

Address, 216 N. Howard St

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48454.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, June 7th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Joseph

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 11 Years, 2 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 10. 17. 5

Place of Death, { Give street and number. } 10. 17. 5

Cause of Death, { First, (Primary.) Second, (Immediate.) } Meningitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Matthew's

Date of Burial, June 8th M.D.,

Medical Attendant.

{ Undertaker, Henry Sander

{ Place of Business, 252 Canton Ave

Address, 244

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

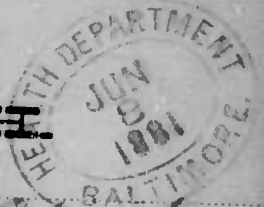
Permit No. 48455

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death,

June 7, 1889.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ladie R West

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 4 Months, Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

78 Russell

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Pneumonia

Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Emery

Date of Burial, June 9<sup>th</sup> 1889, W. S. Booger M.D.,

Medical Attendant.

Undertaker, Samuel W. Chase

Place of Business, 198 S. Howard St.

Address, 206 Sharp St.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48456

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 6<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Elizabeth Brown

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 16 Years, Months, Days.

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Nothing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. ) } Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 7 months.

Place of Death, { Give street and number } #18 New Church St.

Cause of Death, { First, (Primary.) Penitentiary Congenital asphyxia Childbirth. Second, (Immediate,) Collapse }

Duration of last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co.

Date of Burial, June 8-1887

{ Undertaker, Sam Chase }

{ Place of Business, 98 Howard St }

James Brown M. D.  
Medical Attendant.

Address, #110 N. E. Howard St.

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of children.



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48457

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

June 8<sup>th</sup> 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Charles Smith

Sex, Male or Female,

Cross out the word not required in this line.

Age,

32 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Machinist

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

5 1/2

Place of Death,

Give street and number.

36 N. Schroeder St

Cause of Death,

First, (Primary.)

Strangulation Hernia

Second, (Immediate.)

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 8

M.D.,

Undertaker,

Joseph B. Cook

Medical Attendant.

Place of Business,

407 West Baltimore

Address,

Dr. J. H. Smith

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48458.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH



Date of Death,

June 7th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm H Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Years, 6 Months, 1 Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore, 13.

Place of Death, { Give street and number. }

70 Burgundy St

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Diphtheritis

Duration of Last Sickness,

12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8th 1881

{ Undertaker, H Ross

{ Place of Business, 95 Conway St

Wm D Blane M.D.,  
Medical Attendant.

Address, 68 S Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48459

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

June 7<sup>th</sup> 1881,

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward Vaughan

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

3

Years,

3

Months,

5

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

During Life

Place of Death,

{ Give street and number. }

N. W. Corner of Douglas & Chestnut Sts.

Cause of Death,

{ First, (Primary.) }

Diphtheria following Rubella,

{ Second, (Immediate.) }

Duration of Last Sickness,

10 days,

All the above information should be furnished by the Physician.

Place of Burial,

A. Patrick Cemetery

Date of Burial,

June 8 1881

{ Undertaker,

James D. Byrne

{ Place of Business,

No 63 N. Front St

Address, 137 N. E. 1st St

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *48460*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *June 6<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Maggie E. Sheridan*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *22* Years, *7* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *Married*

Occupation, *Housewife*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *During life*

Place of Death, { Give street and number. } *15 N. E. Avenue*

Cause of Death, { First, (Primary.) *Phthisis*  
Second, (Immediate.) *—* }

Duration of Last Sickness, *one year*

All the above information should be furnished by the Physician.

Place of Burial, *Bonnie Bree cemetery*

Date of Burial, *June 8<sup>th</sup> 1887*

{ Undertaker, *Janus P. Byrne*  
Place of Business, *No 63 N. Front St* }

Address, *137 4<sup>th</sup> Ave*

*H. P. P. G. M.D.,*  
Medical Attendant.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



No. 48461

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 7 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Wilson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 9 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } West River Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number } No 2 Jordan Alley

Cause of Death, { First, (Primary.) Diphtheritic Sore Throat  
Second, (Immediate,) nervous Prostration }

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, June 8th 1881

Undertaker, John J. Scripps

Place of Business, 271 N. E. St Address, 23 W. Calver St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *48462*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *June 7, 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Eva*

Sex, Male or Female, { Cross out the word not required in this line. } *Female*

Age, *2* Years, *14* Months, *14* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*

Duration of Residence in the City of Baltimore, *life*

Place of Death, { Give street and number. } *St. Vincent's Inf. Asylum*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Marasmus*  
*Spasm*

Duration of Last Sickness, *6 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Prime Burial*

Date of Burial, *June 9, 1881*

Undertaker, *For Brannigan*

Place of Business, *156 Division St.*

*Markus Brewer* M.D.,  
Medical Attendant.

Address, *68 McCulloch St.*

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

48463

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

June 8. 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Beatrice

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

1

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Journaling

Duration of Residence in the

City of Baltimore,

House 6 days

Place of Death,

{ Give street and number. }

St. Vincent's Infant Asylum

Cause of Death,

{ First, (Primary.) }

Conjunctival Syphilis

{ Second, (Immediate.) }

Anemia

Duration of Last Sickness,

from Birth

All the above information should be furnished by the Physician.

Place of Burial,

Bonnie Bone

Date of Burial,

June 9. 1881

Marbury Brewer

M.D.,

Medical Attendant.

{ Undertaker,

Jos Brannigan

{ Place of Business,

153 Division St.

Address,

68 W. Calver St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48464

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

**Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**Date of Death, June 7th 1891Full Name of Deceased, Maria Walker  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }Sex, Male or Female, { cross out the word not required in this line. }Age, 61 Years, — Months, — Days.Color, WhiteMarried, Single, Widow or Widower, { Cross out the word not required in this line. }Occupation, NoneBirthplace, Maryland  
{ State or country, (and how long in the United States, if of foreign birth. }Duration of Residence in the City of Baltimore, About 28 yearsPlace of Death, 110 Little Battery Ave  
{ Give street and number }Cause of Death, Pneumonia  
{ First, (Primary.) Second, (Immediate.) }Duration of last Sickness, About 10 years

All the above information should be furnished by the Physician.

Place of Burial, Howard CemeteryDate of Burial, June 9th 1891Undertaker, Armstrong & CoPlace of Business, 263 Light St Address, 17th Street & Ch

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANEY &amp; CO. CITY PRINTERS AND STATIONERS.

[OV 4 H.]



No. 48465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.



Date of Death, June 5, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patricia Malcolm

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, 2 1/2 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Bathman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Bureau of Child Hospital

Cause of Death, { First, (Primary.) } Malnutrition

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 8

Undertaker, C. H. Blyden

Place of Business, 201 Penn. Address,

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and a List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48466

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, 1 June 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elisabeth Sager

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 67 Years,

Months,

Days.

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Asylum of the Little Sisters of the Poor  
Cor: John and Valley Street

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Phthisis Pulmonalis

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 9 June 1881

{ Undertaker, Henry Schelkhis

{ Place of Business,

Ms. Brooke Dyle M.D.,  
Medical Attendant.

Address, Bay and Calvert

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 48467

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 7<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles Talbott.

Sex, Male or Female,

{ cross out the word not required in this line. }

Male

Age,

53

Years,

Months,

Days.

Color,

Cool

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Married

Occupation,

Wood Sawyer

Birthplace,

{ State or country, (and how long in the United States, if of foreign birth. }

Prince Georges Co Md

Duration of Residence in the City of Baltimore,

25 years

Place of Death,

{ Give street and number }

239 Dover St.

Cause of Death

First, (Primary.)

Second, (Immediate.)

Pneumonia

Duration of last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Shrompton Cemetery

Date of Burial,

June 9<sup>th</sup> 1881

Undertaker,

Hensley &amp; Co. Undertakers

Place of Business,

116 Orchard St

Address,

134 N Carrollton Ave

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48.488

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH

Date of Death,

June 8th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Mahammitt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, fourteen Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

27 Jordan Alley

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Malignant Diphtheria

Duration of Last Sickness,

About a week

All the above information should be furnished by the Physician.

Place of Burial,

Harvard Cemetery

Date of Burial,

June 9 1881

Elias C Price M.D.,  
Medical Attendant.

Undertaker,

Charles J. Robertson

Place of Business,

166 North Ave

Address,

262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



(The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48.469

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

June 8th 1888  
Chas Doury

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, One Years, Six Months, Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

None

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

227 27 Jordan

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Malignant Diphtheria  
Convulsions

Duration of Last Sickness,

Three or four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9 1888

Edias C Price M.D.,  
Medical Attendant.

Undertaker, Henry Robt Macomber

Place of Business, 1600 Broadway Address, 262 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48470

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, June 8<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M. M. Luckhart.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 7 Years, Months, Days.

Color, White.

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None.

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give street and number. } 109 Lancaster St.

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Disease of Heart  
Six months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, June 9<sup>th</sup>. Nicholas L. Sashill, M.D.,  
Medical Attendant.

{ Undertaker, Henry Sanders

{ Place of Business, 252 Canton Ave Address, 207 S. Broadway

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48471

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, June 7 - 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Infant of Mary Ann Char.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 21 Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. }

Life  
#151 Raborg St.

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Inanition

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 9 - 1881

Undertaker, Wm. A. Rose

Place of Business, Broadway St

Must Leonard, M.D.,

Commissioner of Health  
and Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

67-17-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 8<sup>th</sup> 10 o'clock P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henri Caroline Kretzschmar

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 3 Years, 3 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City, Anne Arundel Co., Md.

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number } No 9 Reinhardt St. Lehigh Ave.

Cause of Death { First, (Primary,) \_\_\_\_\_  
Second, (Immediate,) Debility,

Duration of last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, W. Cemetery

Date of Burial, June 10/01

Undertaker, John & Bartlett

Place of Business, 624 W. Ball St. Address, 11 E. Con. Columbia Ave. & Pent St.

John H. Alderdice M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *48473*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, *June 8, 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Lillie M Henderson*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *3* Years, *11* Months, *—* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *✓*

Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Balt*

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, { Give street and number. } *31. Conington St*

Cause of Death, { First, (Primary.) Second, (Immediate.) } *Cerebro Spinal Meningitis*

Duration of Last Sickness, *15 days*

All the above information should be furnished by the Physician.

Place of Burial, *London Park C.*

Date of Burial, *July 10*

Undertaker, *B. J. Clark*

Place of Business, *82 West St* Address, *146 Hammond*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

48474

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

June 8<sup>th</sup> 1881. 1:30 P.M.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Thomas B. Son of Theodore B. Johnson

Sex, Male or Female,

Cross out the word not required in this line.

Age,

1

Years,

8

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Infant

Occupation,

Infant

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

During Life

Place of Death,

Give street and number.

49 Harrison St.

Cause of Death,

First, (Primary.)

Dentition

Second, (Immediate.)

Whooping Cough

Duration of Last Sickness,

Three weeks =

All the above information should be furnished by the Physician.

Place of Burial,

Beall Cemetery

Date of Burial,

June 9<sup>th</sup> 1881

Undertaker,

W. S. Brown

Place of Business,

54 N. Broadway

Address,

11 S. High St.

A. L. Shertzer

M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 48476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Jan 8 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Steppacher

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Sixty one Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bavaria

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, { Give street and number } No. 4 S. Parkland St.

Cause of Death, { First, (Primary.) Carcinoma Pylori  
Second, (Immediate,) Exhaustion }

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebrew Cem

Date of Burial, June 30th

Undertaker, Wm Eilan

Place of Business, 101 Gough St

Christopher Johnson M. D.  
Medical Attendant.

Address, —

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



No. 48477

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Edith Lena Wolfenberger

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 2 Years,

5 Months,

9 Days.

Color,

White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Sandy Hook Md Ind -

Duration of Residence in the City of Baltimore,

1 week

Place of Death, { Give street and number }

148 1/2 Paca St

Cause of Death { First, (Primary.) }

Diphtheria - Croupous

{ Second, (Immediate.) }

Duration of last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, Sandy Hook Ind.

Date of Burial, June 8<sup>th</sup> 1881J. H. Surry M. D.  
Medical Attendant.

{ Undertaker, Wm. J. Tickner }

{ Place of Business, 65 S. Eutaw St Address, 76 1/2 Paca St }

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 48478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 9, 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Martin Mc-Grath

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 42 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Sheet Packer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 26 yrs -

Place of Death, { Give street and number } 172 N. Front St -

Cause of Death, { First, (Primary,) Acute Gastritis - (from hard drinking) Second, (Immediate,) Asthma

Duration of last Sickness, 3 days -

All the above information should be furnished by the Physician.

Place of Burial, Mt. Cathedral B. Ch

Date of Burial, June 10, 1881

Undertaker, James J. Byrne

Place of Business, 706 N. Front St - Address, 143 N. E. St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[974R.]

J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

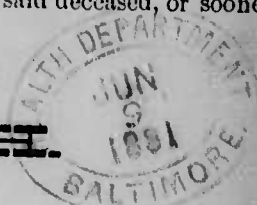
Permit No. 418479

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death, June 8th, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosae Palmer.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, \_\_\_\_\_ Years, 7 Months, Weeks Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No. 378 E. Fayette St.

Cause of Death, { First, (Primary.) Confluent Variola. Second, (Immediate.) \_\_\_\_\_

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Int. Canal

Date of Burial, May 21/81 J. J. Sullivan, M.D., Medical Attendant.

Undertaker, Fry & Co.

Place of Business, 242 Broadway Address, 116 Thames St.

#### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 48480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 18 Years,

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fifth German Cemetery (Canton)

Date of Burial, June 10th 1881

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. Address, 251 E. John St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



No. 48481

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Violia Johnson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 4 Years, 4 Months, — Days.

Color, ed

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } No 4 Garden Street

Cause of Death { First, (Primary,) Tuberculosis  
Second, (Immediate,) convulsions }

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Green St. Cemetery

Date of Burial, June 10<sup>th</sup> 1881

Undertaker, W. H. Bishop Jr.

Place of Business, 37 South Hill St.

B. B. Browne M. D.  
Medical Attendant.

Address, 307 Madison St.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48482

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, June 7<sup>th</sup> 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Sidney Pernell

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 10 Years, Months, Days.

Color, r d

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Boy

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 202 S. Dallas St-

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } 202 S. Dallas St-

Cause of Death, { First, (Primary.) } Peritonitis "Natural." V  
{ Second, (Immediate.) } Marasmus

Duration of Last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8 1881

{ Undertaker, William A. Dunger

{ Place of Business, 62 East St

Address, 11 S. High St-

A. H. Grosvenor M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Certificates for Burial, to the Office, when issued, Saturday of each week.

No. 48483

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *June 8<sup>th</sup> 1881*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Infant of Harry & Estelle Spurr*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, *1/4* Days, *4*

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore Md*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } *89 Preston St*

Cause of Death, { First (Primary,) *Premature Birth*  
Second (Immediate,) \_\_\_\_\_

Duration of Last Sickness, *Lived about 6 hours.*

All the above information should be furnished by the Physician.

Place of Burial, *Balto Cem*

Date of Burial, *June 9<sup>th</sup> 1881*

{ Undertaker, *C. H. Blizzard*  
Place of Business, *Penna Ave*

Address *221 Carrollton Ave*

*Jas. H. Gaskins M. D.  
Medical Attendant.*

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Printed and Published by the Office whence issued, Saturday of each week.

No. 48484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 8, 1881

Full Name of Deceased, {

Write legibly and spell correctly. If an infant not named, give names of parents.

Wm Young

Sex, Male or Female, {cross out the word not required in this line. }

Age, Four Years, Four Months, Eighteen Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, {State or country, (and how long in the United States, if of foreign birth.) }

Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number }

No 112 N. Bethel St.

Cause of Death, {First, (Primary.) }

Second, (Immediate.)

Croup

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, July 14 1881

W. D. Henderson, M. D.  
Medical Attendant.

{Undertaker, Wm. B. B. B.

{Place of Business, 54 N. Broadway

Address, No. 102 N. Broadway

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *48485*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.



Date of Death,

*June 8<sup>th</sup> 1887*

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

*Martin Hauser*

Sex, Male or Female,

Cross out the word not required in this line.

Age,

*83*

Years,

Months,

Days.

Color,

*W*

Married, Single, Widowed or Widower,

Cross out the word not required in this line.

Occupation,

*Laborer*

Birthplace,

State or Country and how long in the United States, if of foreign birth.

*Germany*

Duration of Residence in the City of Baltimore,

*abt 30 Years*

Place of Death,

Give street and number.

*71 Cambridge St*

Cause of Death,

First, (Primary.)

Second, (Immediate.)

*Lochia (Suppuration)  
Asthma*

Duration of Last Sickness,

*abt 8 days*

All the above information should be furnished by the Physician.

Place of Burial,

*St Paul's Cem*

Date of Burial,

*June 9<sup>th</sup> 1887*

Undertaker,

*Henry Schmidt*

Place of Business,

*252 Canton St*

*Chas E. Cornes*

M.D.,

Medical Attendant.

*67 E. Baltimore St*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

48486

For Burial, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

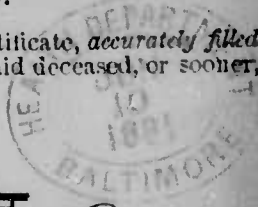
# Board of Health, City of Baltimore,

Permit No. 48486

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death,

June 8 1881

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Henry W. D. Sadder

Sex, Male

Cross out the word not required in this line.

Male

Age,

3

Years,

11

Months,

21

Days.

Color,

White

~~Married~~, Single,

~~Widow~~ or ~~Widower~~,

Cross out the word not required in this line.

Occupation,

Birthplace,

(State or Country and how long in the United States, if of foreign birth.)

Baltimore

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

(Give street and number.)

307 Light St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Diphtheria

Croup

6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Balta Cemetery

Date of Burial,

June 10 1881

Undertaker,

Amstrong & Co

Place of Business,

263 Light St

Address,

50 Warren av

H. B. Noble M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

48487

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

June 8<sup>th</sup> 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Susan Melbourn

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

32

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

None

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Prussia

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give street and number. }

109 Greenwood Ave

Cause of Death,

{ First, (Primary.) }

Pulmonary Absorption

{ Second, (Immediate.) }

Exhaustion

Duration of Last Sickness,

Eight Months

All the above information should be furnished by the Physician.

Place of Burial,

Old Cathedral

Date of Burial,

June 11<sup>th</sup>, 1881.

{ Undertaker,

Wm. H. Hickman

{ Place of Business,

234 N. Gay St

Address,

Charles O'Connor M.D.,  
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. **48488** **Board of Health, City of Baltimore,**  
Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

**CERTIFICATE OF DEATH.**

Date of Death, **June 9th 1881**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Margaret McArthur**

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, **76** Years, Months, Days.

Color, **white**

~~Married~~ Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } **Pennsylvania**

Duration of Residence in the City of Baltimore, **13 months.**

Place of Death, { Give street and number. } **63 Enoch St.**

Cause of Death, { First, (Primary.) **Senectus**  
Second, (Immediate.) **Paralysis** }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, **Meadville Pa**

Date of Burial, **June 10th 1881** **A. A. Erich** M.D.,  
Medical Attendant.

{ Undertaker, **Wm. H. Hickman**

{ Place of Business, **234 N. Calvert** Address, **94 S. Broadway.**

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**2214 Francis**



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48489

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

9th June 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bessie Woodall

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

11

Years,

11

Months,

Days.

Color,

W

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Balt.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give street and number. }

350 N Fremont

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Typhoid Fever

Tubercular Meningitis

Duration of Last Sickness,

40 days

All the above information should be furnished by the Physician.

Place of Burial,

St Olives Cemetery

Date of Burial,

June 10th 1881

H. W. Webster

M.D.,

Medical Attendant.

{ Undertaker,

John Macher

{ Place of Business,

No 150 Camden

Address,

57 Bannock

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued. Sale of each week.

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48490

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

June 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Isaac Chaudin

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

29

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Single

Occupation,

Milk Carrier

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Virginia

Duration of Residence in the City of Baltimore,

13 years

Place of Death, { Give street and number. }

67 Plum Alley

Cause of Death, { First, (Primary.) Second, (Immediate.) }

Natural - Absence of the milk

Hemorrhage from the cerebral artery

Duration of Last Sickness,

One week 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 10<sup>th</sup> 81

Z. K. Wilson

M.D.,

Medical Attendant.

{ Undertaker, G. Perkins & Co

{ Place of Business, 130 Henrietta

Address, 15-8 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 48491

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 2<sup>nd</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellenora Smith

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 Years, 1 Months, 2 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 7 Russ's Alley

Cause of Death { First, (Primary.) Pertussis  
Second, (Immediate,) Bronchitis.

Duration of last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8<sup>th</sup> 81

Undertaker, J. Perkins & Co.

Place of Business, 136 Chesnut St Address, Southern Dispensary

J. B. White M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48492

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, June 8 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alberta Blunden

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 11 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, \_\_\_\_\_

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } 57 Plumtree

Cause of Death, { First, (Primary.) Second, (Immediate.) } Exhaustion

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11 81

{ Undertaker, G. H. Perkins & Co.

{ Place of Business, 130 Henrietta

W. S. Boone M.D.,  
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 27, 1881.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Schmidt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years, 2 Months, Some Days.

Color, white. Sex, —

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, housekeeping

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and number. } Orleans St. 82.

Cause of Death, { First (Primary,) Asthma  
Second (Immediate,) Paralysis Pulmonum

Duration of Last Sickness, 4 weeks, has been sick several years

All the above information should be furnished by the Physician.

Place of Burial, Trinité Cem'ty

Date of Burial, June 11, 1881

Undertaker, H. Hoffmann

Place of Business, 13. N. E. 11. Address

Chas H. Pick M. D.  
Medical Attendant.

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 49494

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, June 10<sup>th</sup> 1888, 12. 15 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno E Ganes

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, 34 Years, Months, Days.

Color, colored

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Ball's City Jail

Cause of Death, { First, (Primary.) Suicide by Hanging  
Second, (Immediate.) Asphyxia

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, E. Park Cemetery

Date of Burial, June 10 1888

Undertaker, P. Muller

Place of Business,

Edm & R. H. Allen M.D.,  
Medical Attendant.

Address, Crown M.P.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.  
The Special Attention of Physicians is respectfully invited to the remarks below, and to List on back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. *48495*

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, *10* Months, *12* Days.

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. }

Cause of Death, { First, (Primary.)  
Second, (Immediate.) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Baltimore county*

Date of Burial, *11th June*

{ Undertaker *B. Heare*

{ Place of Business, *West. St near Light*

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permits for Burials, to the Office where issued, Saturday of each week.

48496

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

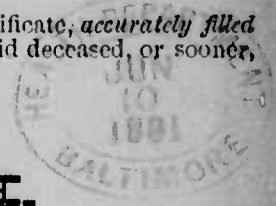
# Board of Health, City of Baltimore,

Permit No. 48496

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.



## CERTIFICATE OF DEATH.

Date of Death, June 9th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Jeffries

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 39 Years, 6 Months, 26 Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Mechanic

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, { Give street and number. } 59 S. Gilman St

Cause of Death, { First, (Primary.) } Consumption of lungs -  
{ Second, (Immediate.) } About 6 Months

Duration of Last Sickness, About 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 11

Undertaker, J B Cook

Place of Business, 707 West Butcher Address, 582 N. Fayette St

Medical Attendant, W. M. McEwen M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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[OVER.]



Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week. 48497  
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48497

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

June 8th 1881

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Maria Johnson

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

57

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the word not required in this line. }

Married

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

28 yrs

Place of Death,

{ Give street and number. }

108 Scott

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Heart Disease

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Landon Park

Date of Burial,

June 10th 1881

{ Undertaker,

Wm J. Tickner

{ Place of Business,

65 S. Eutaw

Address,

168 Paca

M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

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Permits for Burial, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48498

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death, June 9<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Couelles

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 15 Years, 2 Months, 24 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ---

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and number. } 417 E. Balt. St.

Cause of Death, { First, (Primary.) Rheumatism  
Second, (Immediate.) Cerebro Spinal Meningitis }

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy.

Date of Burial, June 10<sup>th</sup> 1881

{ Undertaker, Stewart & Munn } M.D.,  
Medical Attendant.

{ Place of Business, 35 South Charles } Address, 143 S. Charles

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Deputies or Clerks in City of Baltimore will make returns of all  
Permits for Burials, to the Office whence issued, Saturday of each week.

No. 48499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 8<sup>th</sup> 1881

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sigmund Weinbaum

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 47 Years, 4 Months,        Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, { Give street and number } 392 N Gay St

Cause of Death, { First, (Primary,) Hydropericardium  
Second, (Immediate,) Don't know

Duration of last Sickness,       

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 12<sup>th</sup>

Dr. E. Clagett M. D.  
Medical Attendant.

{ Undertaker, Geo. Schilling

{ Place of Business, Ashland Square

Address, 36 S. Eutaw St

#### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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CITY PRINTERS AND STATIONERS.

Permits for Burials, to be returned of all of each week.

118500

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No. 48500

Office of Registrar of Vital Statistics.

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No Permit for Burial Can be Obtained Without a Proper Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

George M. Taylor

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

June 9th 1881

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

1

Years,

4

Months,

10

Days.

Color,

White

Married, Single, Widowed, or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Balto City  
Life

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and number.

288 Bank St

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Meningitis (Tubercular)

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Bl & Cemetery P.R.

Date of Burial,

Jun 11th 1881

Undertaker,

Demmy & Mitchell

Place of Business,

65 S Broadway

Thomas J. Evans M.D.,  
Medical Attendant.

Address,

22 Jackson Place

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[OVER.]